		23	506	CERTIFI	IÇA	TE OF DEATH	Н		Reg. D	ist. No.					
1	O. COUNTY WAS	HINGTON		MARYLA	ND	2. USUAL RESIDENCE (WI	here deceased YLAND	lived. If institution b. COUNTY							
	b. CITY OR TOWN ( RURAL and give of HAGERS	outside corporate limiterest town!	ls, write	c. LENGTH OF STAY IN	- 11	c. CITY OR TOWN (IF CO ) HAGERST	-	ote limits, write RI	JRAL ond	give near	efore admission) [NGTON]  NGTON  e. 15 RESIDENC ON A FARM YES NO NO A FARM 19 UNDER 24 195 MO OF WHAT COUNTY S. A.				
	9. NAME OF HOSE!	FORD AVE	jive street (	oddress)		d. STREET ADDRESS 543 GUILF	ORD A	VE.			ON A	FARM?			
3	NAME OF DECEASED (Type or print)	VERNON	st	ROSWEL	L	ADAM'S	4. DATE OF DEATH	FEBRU	ARY	Doy	9	19 <sup>60</sup>			
5	MALE	6. COLOR OR RACE WHITE	7. MARR	HED NEVER MARRIED  DIVORCED [	_	3/14/1882		last birthday) yrs.	Months Months	Days		Min.			
R	ETIRED ME	ON (Give kind of work king life, even if relited	done 10b.		LAN		ND	untry)	12.CI	U					
1:	3. FATHER'S NAME WILLIA	M ADAMS				14. MOTHER'S MAIDEN I									
1:		R IN U. S. ARMED FOR (If yes, give war or dates of s		NONE		FORMANT S. MARY V.	ADAM	S HACE	MST(						
		TH WAS CAUSED BY:	Acu	te Corona	ry	Occlusion				INTE ONSI	ET AND	DEATH			
	Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.  DUE TO  (bArteriosclerotic Heart Disease  DUE TO  (cHypertensive cardiovascular disease									1	18 mos.				
CEDITION	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	H BUT N	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(0) 15	PERFO YES	RMED?			
		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in	Port I or Part	11 of item 18.)							
ANEDICAL	20c. TIME OF INJUI Hour a. m. p. m.	Y Month, Doy, Ye	ar 20d. It While of work	Not while		CE OF INJURY (Hame, form ory, street, office bldg., etc		or town)	(	(County)		(Stote)			
	21. I certify the olive and th		decease , 196	ed from Decemb O, and that de	eoth	, 1958, to F occurred of : 35	M, from t	he couses an	d an th stote)	e date	stated DAT	obove E SIGNEC			
	PHYSICIAN'S NAME (Type) W1	lliam T.	Laym	an, M.D.		Hagersto						land			
2	20. BURIAL, CREMATIC REMOVAL ISpecify	2/21/6		22c. NAME OF CEMETE REST H.	RY OR			ON (City, town, CERSTOWN	or county)	MD.	(Stote				
23	3. FUNERAL DIRECTOR	S SIGNATURE	16	ADDRESS ADDRESS	7	240. REC	D BY REGISTR	AR 245. REGIS	TRAR'S S		tE.				

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be execused within 12 mount and ye the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Ages 1 and 2 should be fifted with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs offer death.

VS A15 (4) 15M 9/58

The state of the s and the state of t NOTIFIED PRODUCT AND PROPERTY. state but the state of the stat ANNARAS - 19 DEN THE RELATION OF THE TOTAL OF THE PARTY OF THE and the file of the second of the second 

The state of the s The second secon Elitary production of the case Stores (Asset) and the second area area area. Shiften a larea A CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PARTY With

ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

EATH

	2500	CERTIFICATE OF D
PLACE OF DEATH	<del>~ ~ ~ ~ ~</del>	2. USUAL RES

Washington

IDENCE (Where deceased lived. If institution: Residence before admission) 6. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lown) 50 yrs. Hagerstown Hagerstown

MARYLAND

d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE Ad. STREET ADDRESS ON A FARM? 215 215 Alexander St. YES NO Alexander St. NAME OF DECEASED 4. DATE First Middle Last Month Year Doy Constan Athan DEATH 2 18 (Type or print) 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED [ NEVER MARRIED ] B. DATE OF BIRTH lost birthday) Months Doys Hours DIVORCED | WIDOWED | 79 yrs. male white 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) self employed California antique dealer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAMÉ unknown unknown IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Ym. ng. or unknown) Mrs. Nettie Athan Hagerstown. Md. no INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (6) gove rise to immediate **DUE TO** cause (a), stoting the under-

lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO F

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED a. m While Not while p. m of work of work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

(County) (State)

19.6.0, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from... saw the deceased alive on 1960, and that death accurred at 270M, from the causes and an the date stated above. 220. SIGNATURE 22b. DATE

ATTENDING M.D. 22c. PHYSICIAN'S NAME (Type)

Hagerstown, Md.

STAFF PHYS. DIRECTOR -22d. ADDRESS

SIGNED

West Washington Street Edward Ditto

23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Haven Cemeterv ia.

23d. LOCATION (City, town, or county) Hagerytown

(Stote)

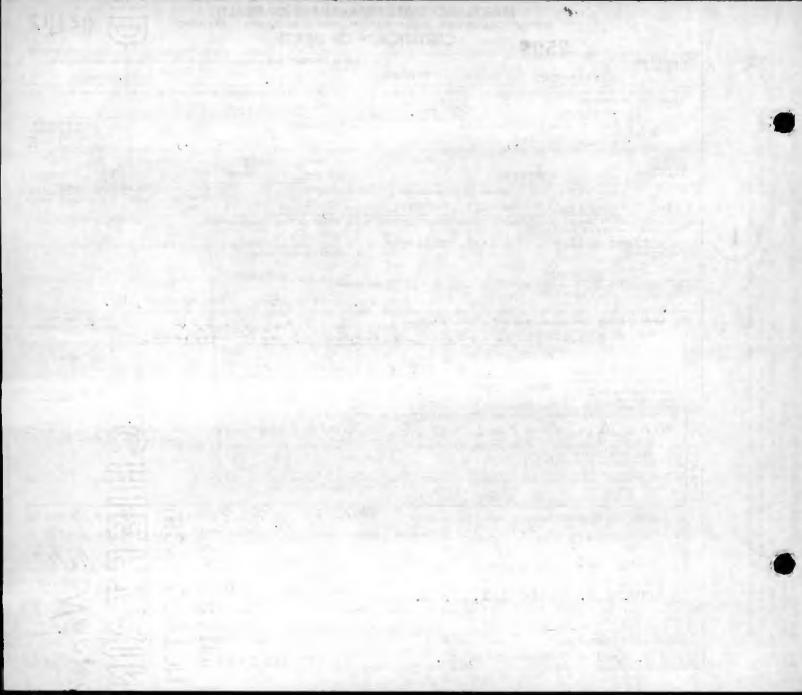
24. FUNERAL DIRECTOR'S SIGNATURE Fred W. Kraiss

**ADDRESS** 

25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

VR A1S (4) ISM 9/59

TO HOSPITAL



W.

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
2605	CERTIFICATE	OF	DEATH	

02498 Reg. Dist. No.

				100									
1. PLACE OF DEATH o. COUNTY Washi	Ington			MARYL	AND	2. USUAL RESI	land	nere deceased	lived. If instituti b. COUNTY	an: Resid	ence befo	re admissi N	ап)
b. CITY OR TOWN ( RURAL and give n	If outside carparate limi	ts, write	c. LENC	OTH OF STAY IN	d lb				ote limits, write R				
Leiters!	ourg		2	2 weeks	3	X RURA	L Dow	msvil	le				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	jive street	address)			d. STREET ADDRESS e. IS RESIDENT							
	rsburg					Williamsport RFD #1							
3. NAME OF DECEASED (Type or print)	fic Isa	abel		Middle Bowman	1	Bak		4. DATE OF DEATH	Feb		26	,	60 60
S. SEX		T	RIED   N	NEVER MARRIED	- 1	B. DATE OF BIRT	ГН	1	P. AGE (In years			IF UNDE	
Female	White	WIDOW	ED.	DIVORCED		Februa	ry 2.	1880	last birthday)	Onths	24	Haurs	Min.
during most of wor Housewij	ON (Give kind of wark king life, even if retired CE	dane 10b.		BUSINESS OR	INDU:			ar foreign coo	* *		JSA	WHAT C	DUNTRY?
13. FATHER'S NAME			N			14. MOTHER'S							
(First r	name not l	mow.	n)Bo	ownan		Mar	tha E	$3$ runn $\epsilon$	er				
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR	enrice)				NFORMANT			Add			24.	
(Yes, no, pr unknown)			None	9	IA	rs.Cle	ona I	cocker	Leite	rsbu	urg	, Md.	
1B. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  [MMEDIATE CAUSE (a) Ceveral Vascular accordent  Canditions, if any, which gove rise to immediate cause (o), stoting the under:  DUE TO  DUE TO  DUE TO  DUE TO													
lying cause last.	HER SIGNIFICANT CON		CONTRIBL	ITING TO DEAT	'H BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE	CONDITION GIV	/FN IN PA	ART 1(a) 1	9. WAS A	UTOPSY
OLV				no	1	>						PERFO	NO T
	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DE\$	CRIBE HO	W INJURY OCC	CURRE	D. (Enter nature o	af injury in I	Port I or Port	II af item 1B.)				
ZOc. TIME OF INJUI Hour a.m. p. m.	PY Month, Day, Ye	or 20d. II While at war	Na	t while 2	Oe. PL.	ACE OF INJURY clary, street, office	(Home, farm ce bldg., etc	20f. (City	ar town)	~	(County)		(State)
21. I certify the alive an Actual SIGNATURE	nat lattended the	deceas				accurred at	12:30A	M, fram t	he causes are town,	d on t		stated	
PHYSICIAN'S NAME (Type)	VI.E.	B	11/	Kit		Wi	Mid	ams	port	-	M	D	
270. BURIAL, CREMATIC REMOVAL Specify Burial				AME OF CEMET		R CREMATORY	erv		on (City, town,		20	(State	_
23. FUNERAL DIRECTOR		_	AD	DRESS			24g. REC' DATE				SIGNADA	RE	

MILITED OF THE STATE OF THE THE Jefendi S The State of the s NS West and the second of the Electrical place and place with the second the first states and the Times represent protection , in the first term of the . The state of the property to the second The second of th CONTROL OF STATE OF THE PROPERTY OF THE STATE OF THE STAT 

Hagerstown, Mary.

Suter-Rouzer Funeral Home

02499

Reg. Dist. No.

Washington

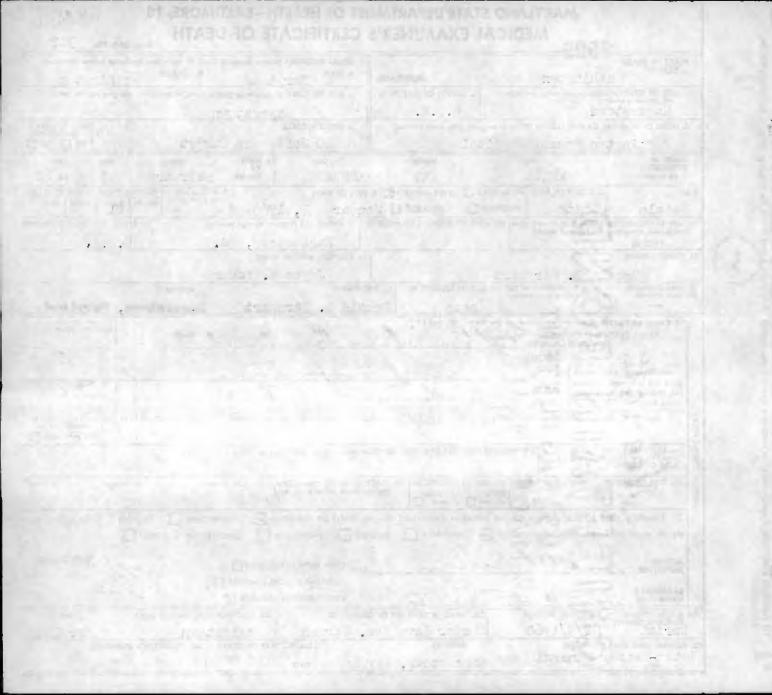
. IS RESIDENCE

YES NO X

ON A FARM?

1. quart		OF		Mont	76		DOY	1	War
NHART		DEATH	F	ebrua	ry	-	7	1	9 60
E OF BIRTH			9. AG	E (In years	IFI	UNDE	R TYEAR	IF UND	ER 24 HRS.
ary 17,				yrs.	Mg	onths	2T	Hours	Min.
BIRTHPLACE	Stole	or foreign c	ountry)			12. CI	TIZEN O	WHAT	COUNTRY?
Hager	rsto	wn, N	ld.			Ţ	J.S.A	1.	
MOTHER'S MAIL	DEN N	AME							
Joyc	e l	I. Bak	er						
MANT				Address					
d L. Ba	rnh	nart		Hager	st	OWI	ı, Ma	ryla	and
10							INTER	YAL BETWI	EN ATH
e Cons	carre	A CO	re	Lun	-	2			
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usu-	mi	too					-		
7/1/	5	1					100	75	1
1 600	med	-							
ELATED TO THE	TERMIN	NAL DISEAS	E CON	DITION GIV	EN	IN PA		PERFO	AUTOPSY PRMED?
ature of injury i	n Port	l or Part II	of item	18.)					
INJURY (Home, reet, office bldg	, form, ., etc.)	20f. (City	or law	m)		{C	ounly)		(Stote)
held an Au	apsy	Zt 10	spec	tian 🗍	- 1	ngu	ry 🔲	and	find that
				rmined o					
								DATE 5	IGNID
CHIEF MEDIC	AL EXA	AMINER				2	01		
ASSISTANT M	EDICA	L EXAMINE	R 🔲		2000	/	1/20	)	
DEPUTY MEDI	CAL E	XAMINER [	5						
ATORY		22d. LOCA	TION (	Lity, town,	or co	ountyj		(Stote	9)
Garden		Hage	rst	own				Mary	yland
		BY REGIST		24b. REGIS	STRA	R'S S	GNATUR		
and DAT	FEI	3 1 5 '6	0	an	This	1 8	Krau	A	

VS. A15ME(5) SM 9/55



**CERTIFICATE OF DEATH** 

8 ()2500 Reg. Dist. No. 303

			2511	a		CERTIFICA	AIE OF L	EATH			Reg. D	ist. No.	203	
( N		PLACE OF DEATH	nington	0		MARYLAND	2. USUAL RESIL		e decease	d lived If institution b. COUNTY		nce befor	e admiss	ion)
	1	CITY OR TOWN (If	outside corporate limit	ts, write	c. LENGTH	OF STAY IN 16	TT		side corpo	rote limits, write R	4	give nec	rest lown	)
		RURAL and give ne	town			Days	02 H.	ersto	17N					
081	1	d. NAME OF HOSPIT.	AL (If not in hospitol, g		address)		d. STREET A	DDRESS T13e	St					DENCE FARM? NO
	3.	NAME OF	Fire	st		Middle	Los	1	4. DATE OF	Mon		Da	,	Yeor
		DECEASED (Type or print)	LULU	BET,	,LE	BA	RR		DEATH	Feby	17	1960	) [	19
	5. 9	SEX	6. COLOR OR RACE	7 MARR	RIED NEV	ER MARRIED	8. DATE OF BIRTH	1		9 AGE (In years lost birthday)	IF UNDE			
	]	Fenale	"hite	WIDOWE	ED 🔲 _	DIVORCED [	Jany 2	7 187	9	81 yrs.	Months	Days	Hours	Min.
	100	. USUAL OCCUPATIO	N (Give kind of work o	done 10b.	KIND OF BI	USINESS OR INDU	STRY 13. BIRTHPL	ACE (Stole of	foreign o	ountry} ]. (	12 CI	TIZEN OF	WHATC	OUNTRY
7		ox sker			Reti:	red	H: e	J tow	m "	"ash Co		US	A	
	13.	FATHER'S NAME	404				14 MOTHER'S	MAIDEN NA	ME					
		Frank	k Barr				Kat	ie Os	ter					
			R IN U. S. ARMED FOR		SOCIAL SEC		NFORMANT			Add				
	L	No			1-09-	7206 F-I	s Pearl	Hull		313 Bry.	an P.	lace	?	
		18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne for (0), (b	), and (c)-]	Huge	roton	m I.	1,		INT	RVAL BE	TWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, (	2	22 620	1 / 6	2200	22 1	haga		ONSET AND DEATH		
		33/X	DUE TO		1	2				*				
		Conditions, if ar		1	42	Fezi.	14/4.	2015				`	100	3
		gove rise to in couse (o), stoting t	nmediote [ But To	. /	1/,	. /	1					1		
		lying couse ost.	(c)	1	7	1 huz	+ 2n1	16-				4	100	21
0	CATION	PART H OTH	er significant con	DITIÓNS <u>C</u>	CONTRIBUTI	G TO DEATH BUT	NOT RELATED TO	THETERMIN	AL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 4	PERFO YES	AUTOPSY RMED? NO 🔯
	CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESC	CRIBE HOW	INJURY OCCURRE	D. (Enter noture o	f injury in Po	ort f or Por	t II of item 18 )				
	MEDICAL	20c TIME OF INJURY Hour o.m. p.m.	Y Month, Day, Yes	20d. It While at worl	NJURY OCCI	hile fo	ACE OF INJURY (I ctory, street, office		20f. (Cit)	or lown)	1	(County)		(Stote
		21. I certify the	at I attended the	decease	ed fram_	14 Fx	196	to / 7	7 /= 1	119/	that H	ast sav	the d	ecease
		ative an/	7 FM	. 19	1	,		And -		the causes an				
		76	77 /	//						treet, city or town,		, , , , , , ,		E SIGNE
		ACTUAL SIGNATURE	Colors ,	440	TICK	landin	M.D. /	15 6	- 10	-616. 1	1		2/	11/
- 1		PHYSICIAN'S NAME (Type)	Elder	, 3	Ho	rach lo	2612	#	C-5	uz, Lu	<u>-5</u>	m	2	
	220	BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAM	E OF CEMETERY C	R CREMATORY	2	2d. LOCA	TION (City, Iown,	or county)		(5101	e)
		REMOVAL (Specify)	2/30/60	)	ROS	e Hill	Ceneter	v F	1 3	ratown 1	"ash	CO	r.d	
	23.	FUNERAL DIRECTOR	SIGNATURE		ADDR			240 REC'D	BY REGIST	TRAR 24b. REGI	STRAR'S S			
•		Andrew K	. Coffman	Has	gernt	own I'd.		DATE	EB 2 3	3 '60	arihun	8. to	taite	

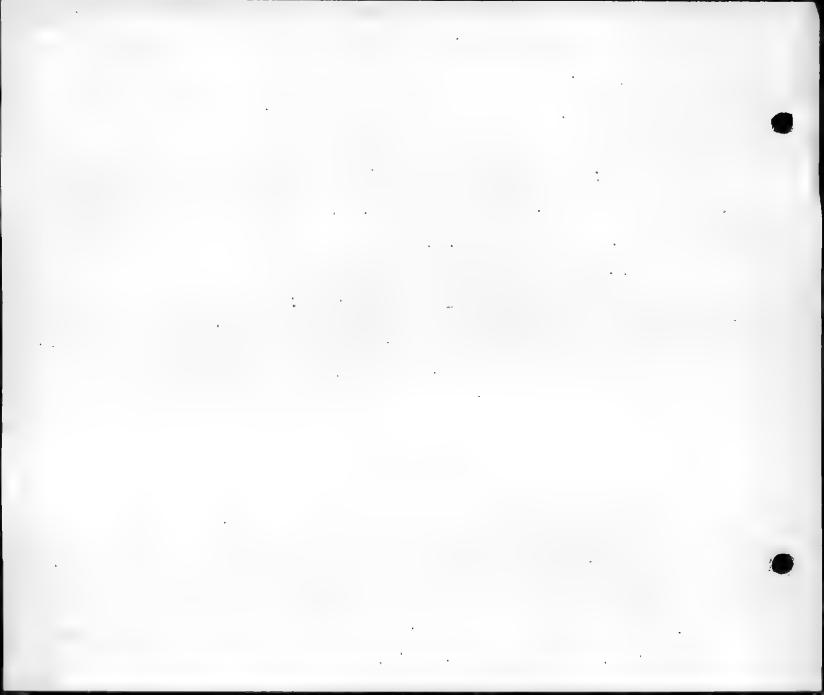
funeral director, uld be filed with

and campletely filled in My the ban papers. Pages 1 and 2 sha haspital ar attending physician.

After this certificate Tims billion signed by the attending physician.

After this certificate Tims billion signed by the attending physician.

VS A15 (4) 15M 9/5B



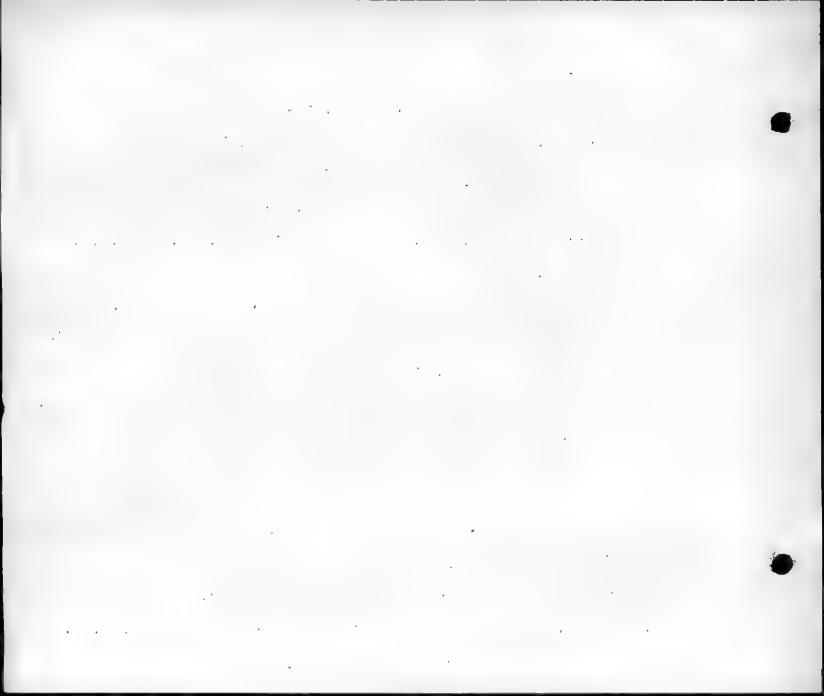
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

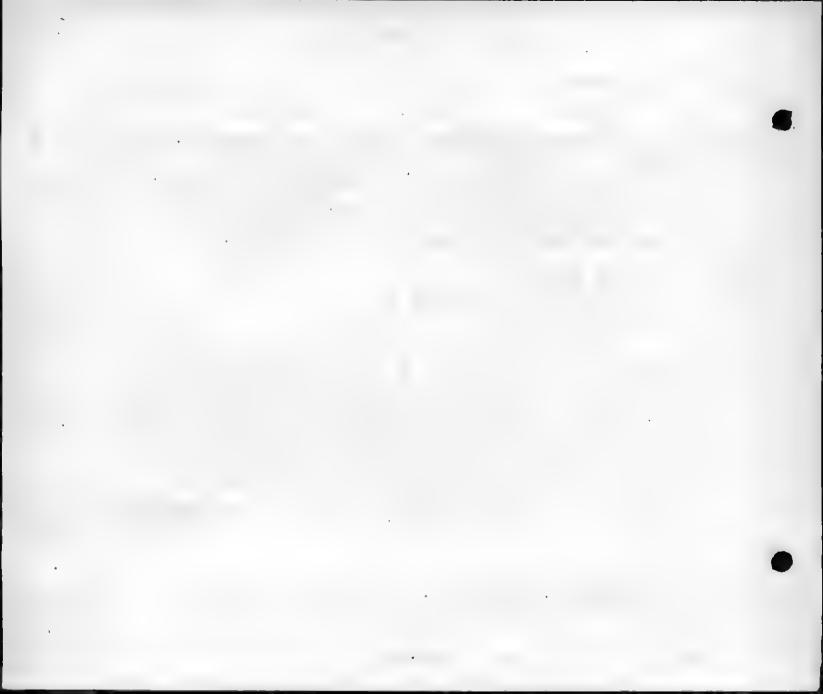
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	9 t ±	CERTIF	ICATE OF DEAT	Н	Reg. Dist.	No.
1. PLACE OF DEATH 0. COUNTY	Washington		o STATE _	Where deceased lived If a b. CC	onstitution Residence	before admission)
RURAL ond_give	(If outside corporate limits, wr nearest town) Serstown	ile c. LENGTH OF STAY IN 2 weeks		outside corporote limits, Smithsburg		e nearest town)
OR INSTITUTION	PITAL (If not in hospital, give st		d STREET ADDRESS Route	4 /	ville)	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	First HATTI	Middle MAE	BEAR	4. DATE OF DEATH FOR	Month	Day Year 1 1960
5. sex femal		MARRIED A NEVER MARRIED OWED DIVORCED [		9. AGE (In lost bir) 6-		YEAR IF UNDER 24 HR Poys Hours Min.
10a USUAL OCCUPATION MOST OF WIND	TION (Give kind of work done orking life, even if retired)	own home	INDUSTRY 11 BIRTHPLACE (Stol	e or foreign country)  1 ck Co. Mc		S .A .
13. FATHER'S NAME	Simon P. Eco	ard	14. MOTHER'S MAIDEN Effic			
15 WAS DECEASED EN	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	John M.Bear		Address	Rt#1
	EATH [Enter only one cause p EATH WAS CAUSED BY IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).] Cardiac Fa	12 2 12			INTERVAL BETWEEN ONSET AND DEATH 24 HTS.
Conditions, if gove rise to couse (a), statin lying couse los	ony, which (b) (b) DUE TO		erotic Heart	Disease		C yrs.
200. ACCIDENT VOR CONTRIBUTION	ther significant condition.  Lar 'e Ovar	ns contributing to DEATH	H BUT NOT RELATED TO THE TERM			1(0) 19. WAS AUTOPS' PERFORMED? YES NO
Y 20c, TIME OF INJU		Od. INJURY OCCURRED 20 thile Not while work of work	e. PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City or town)	(Co.	unly) (Stot
21. I certify alive an	that I attended the dec 2-1, 1 Thanks Fr		=2, 19_5_, ta eath accurred a4:30 M.D.		es and an the	
	Dr. Charles			burg, Md		
REMOVAL (Specil Buria			ethern	ZZd. LOCATION (City, Wolfsville	Fred .Co	
23. FUNERAL DIRECTO	Paul F	Address Bittle Myer	240. REI		o, registrar's sign Tuilmy S. Kin	

Bittle Myersville Mener 4

TO HOSPITAL O VS A15 (4) 15M 9/5B





D DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is accessory, please execute the cute the cute, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 ta the funeral direction of the word "pending" in pendi in Item 18. Give Pages 5 may be retained for your files.  2 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremard, or remard.	after death. If any delay is decessary, please expense is and 3 ta the funeral dir.  Page 4 shauld be be relained for your files.  and 2 with the registrar prior to burial, cremoton,
1	poly to

YS. A15ME(5) 5M 9/55

# MARYLAND STATE DEP. IMENT OF HEALTH—BALTIMORE, 18 2513 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(25)3 Reg. Dist. No.302

D	1.	PLACE OF DEATH D. COUNTY	ashington		MARYL	AND									
	ŀ		outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	4 1b	c. CITY C	OR TOWN (IF	autside corp	porote limits, write	RURAL a	nd give n	earest to	vn)	
		Hagerst			unknown	-	5.3	Hage	rstow	m					
<b>.</b>	•	36 N. Wal	-	f not in hos	spital, give street address)		36 N. Walnut Street						o. IS RESIDENCE ON A FARM? YES NO X		
	1	NAME OF DECEASED (Type or print)	Fin WILLIAM		Middle	ВІ	LACK 4. DATE Month OF DEATH February					y 11 19 60			
i	5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	F3 8.	DATE OF BIR	TH		9. AGE (In years	IFUNDE	R TYEAR	IF UNDE	R 24 HRS	
		male	white	WIDOWE	D DIVORCED	1	pril 1	12, 188	37	feet birthdoy) 72 yrs.	Months	Days	Hours	Min.	
	10a	. USUAL OCCUPATIO luring most of working	N (Give kind of work of life, even if retired)	ione 10b. I	KIND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHE	PLACE (State o	or foreign c	ountry)	12 CI	TIZEN O	WHAT	COUNTRY?	
		Painter		Но	use Painter		1	unknow	3		.				
)	13.	FATHER'S NAME	A				14. MOTHER	S MAIDEN N	AME						
		unknó	พัท					unk	nown						
			R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. JN	FORMANT			Address	1				
		known	(if yet, give war or dates of :	Welfa	re Dept.	Ha	gers	town	Md.						
		PART I. DEATH	H [Enter only one county one coun	se per line	for (a), (b), and (c).]							INTE	VAL BETWE	EN TH	
		Conditions, if an		11	retira-	-e	bush.	2 1/	cert	Liter	and in		-bje	L-16:	
		(a), stating the wa			,							1/			
	Z	PART II. OTHE	R SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	SUT NO	OT RELATED TO	O THE TERMIN	VAL DISEASI	E CONDITION GE	VEN IN PA	RT 1(a) 1			
	CATIC												PERFO	NO Z	
	L CERTIFICATION	20a. EXTERNAL CAUSE PRIMARY Der CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIBE	E HOW INJURY OCCURRI	ED. (En	ter noture of	injury in Port	l or Part II	af item 18.)					
	MEDICAL	20c. TIME OF INJURY Hour o.m. p. m	Month, Day, Yeo	While		PLACI factor	E OF INJURY y, street, offic	(Hame, form, ce bldg., etc.)	20f. (City	ar lown)	(G	ounty)		(State)	
		21. I certify the	at I toak charge	of the r	remains described	abav	e, held a	n Autopsy	, lr	nspection 🔼	,—Inqu	ry 🔲	and f	ind that	
		death resulted	from: Natural (	causes 🛭	Accident .	Suici	ide 🔲, 🗆	Hamicide	□, U:	ndetermined (	cause [	].			
1		ACTUAL SIGNATURE	1. 500	Cu	Mr.		M.D. CHIEF	MEDICAL EXA	MINER 🔲		5.	1	DATE S	IGNED	
		EXAMINER'S NAME (Type)	7 ENG	77/	Froz			ANT MEDICAL E		_	7	1//	60		
		BURIAL CREMATION REMOVAL (Specify) Removal	2/12/19		22c. NAME OF CEMETER Anatomacal			/		rion (City, Iown, Ltimore	or county)		(Stote		
	23. R.	FUNERAL DIRECTOR'S Tranklin Be		-gent	ADDRESS	ila	mel	Z4a. REC'D	BY REGIST		STRAR'S SI			-	
										<u>`</u>					



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDT				DEATH
( EVI	1 <b>-</b> 1 1 1	3 I I	4 11-	
		-	$\sim$	

		(12	5	ŧ.	4
Reg.	Dist.	No.			
n:		L - C	a.d		inal

-														
	PLACE OF DEATH	gton	UU	MARYL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wd. shington								
-	Nashin b. CITY OR TOWN (III RURAL and give ne	autside carporate lim	its, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TO	WN (If ou	utside corpo	rote limits, write					
	Smithshu	•	ural	39 ve	and	X	Smit	hsbu	r <i>g</i>	rura	7			
	d. NAME OF HOSPITA	AL (If not in hospital,	give street	address)	113	d STREET AD				an brigge to		IS RESIDE	NCE RM?	
_	R. D	. 72					R	. D.	#2			YES N		
3.	NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE OF	Mo	onth	Day	Yeor	r	
	(Type or print)	D	elia	Si	ple	Bol1	inge	T DEATH	Feb		10	19	60	
5.	SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE (In year		+	F UNDER 2		
E	Temale	white	WIDOWE	DIVORCED		ug. 12	. 18	86	10st birthday) 73 yri	Months	Days	Hours	Min,	
100	JSUAL OCCUPATIO	N (Give kind af warking life, even if retire	dane 10b	KIND OF BUSINESS OR	INDUSTR	Y 11, BIRTHPLA	ČE (Stale o	or foreign o	puntry)	12, ÇI	TIZEN OF V	VHAT COU	NTRY?	
	housewi	fe	"			Ha	erst	own.	Md.					
13.	FATHER'S NAME					14. MOTHER'S A								
	Geo	rge Frie	se			Net	tie	Sipp!	le					
15.	WAS DECEASED EVER	IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	INF	DRMANT	<u> </u>	<u> </u>		dress				
Fie	no or unknown)	If yes, give wor or dates of NO	service)	none		Mr. W	illi	am B	ollinge	er				
-	1B. CAUSE OF DEA	TH [Enter only one c	ause per lu	ne for (a). (b), and (c).]						,		VAL BETW		
	PART I. DEA	TH WAS CAUSED BY.	1 CR	cela ne	4160	cardia	1-	ent	acction	7	ONSE	O W	W -	
	11.20.1	DUE TO	*		1			F						
	Conditions, if an	iy, which )	b) (C)	Dozeary	ac	fery	12:	cles	0 210		/	042	13 14	
	gave rise to in cause (a), stating t	n mediate (		- 1-	0/	- /- /		,	- 1					
	lying cause last.	ne under-	c) //E:	elevalege	166	41000	Re	6-20	コム・コ			5 4	sec	
NO	PART II OTH	ER SIGNIFICANT CO	NDITIONS_C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO T	HE TERMIN	NAL D SEAS	E CONDITION G	IVEN IN PA	RT 1(a) 19.	WAS AUT	OPSY ED2	
CATION												YES N		
CERTIF	20g. ACC DENT WA	S UNDERLYING []	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter noture of	injury in P	arl I or Por	t II of item 38.}					
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJUR	Month, Day, Yo			Oe. PLAC	E OF INJURY (He y, street, office I	ome, farm,	20f. (City	or town)		(County)		(State)	
MED	Hour a.m. p.m.	19	White	k ol work	1000	y, sincer, villes i	nog., arc.,							
	21. I certify the	ot I ottended the	deceos	ed from 6 -	//	1952	to 2	/	0 , 1960	that I I	ost saw	the dece	eosed	
	alive on	~ 9 -	19.4		leath a	coursed at	574							
				t and more	,,,,,,,,,	ccorred di			treet, city or town		10 0010	DATE S		
	ACTUAL SIGNATURE	13/11/11/	the	uzhars	M	Time	1710-	1/20	n Person	ar ar	,	2-10	6.17	
					, /n.i	71		~~~	V				=	
	PHYSICIAN'S NAME (Type)	Walter H.	Wi	shard		Way	nest	oro,	Penna	•				
220	BURIAL, CREMATION	N, 22b. DATE THERE	OF	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCA	TION (City, tawn	, ar county		(State)		
	burial	2-12-6	0	Leithers	ourg	Luthe	ran	Cem.	Leithe	rshu	r.c	173		
	FUNERAL DIRECTOR'S			ADDRESS	-	1:	4a. REC'D	BY REGIST	RAR 24b. REC	SISTRAR'S S	IGNATURE			
-	Scott F.	Linnich	& Soi	n, Smiths	ourg	, : d.	PATE		C	-1.0M Y	, That!			



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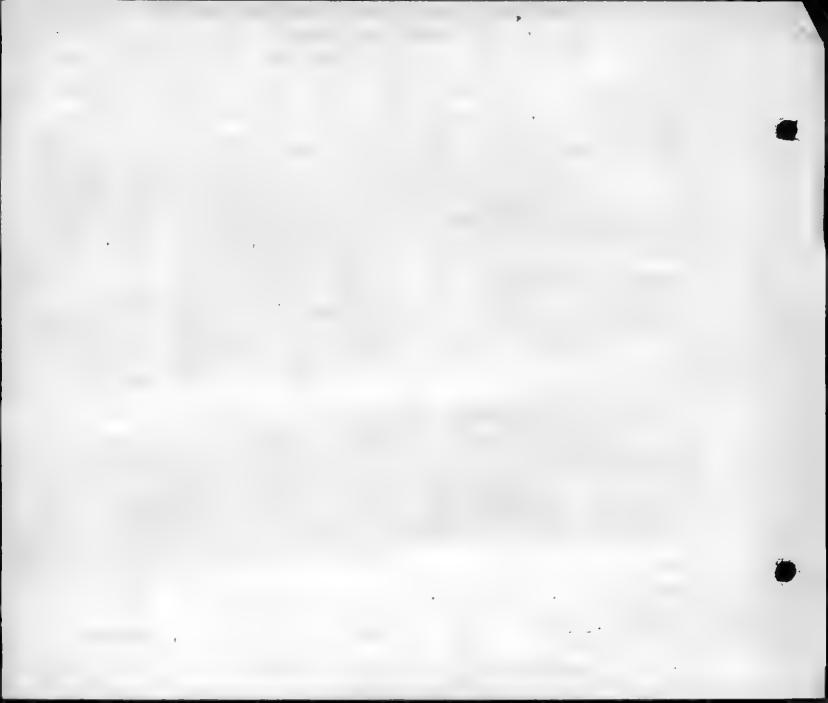
may be retained by the hospital or attending physician.

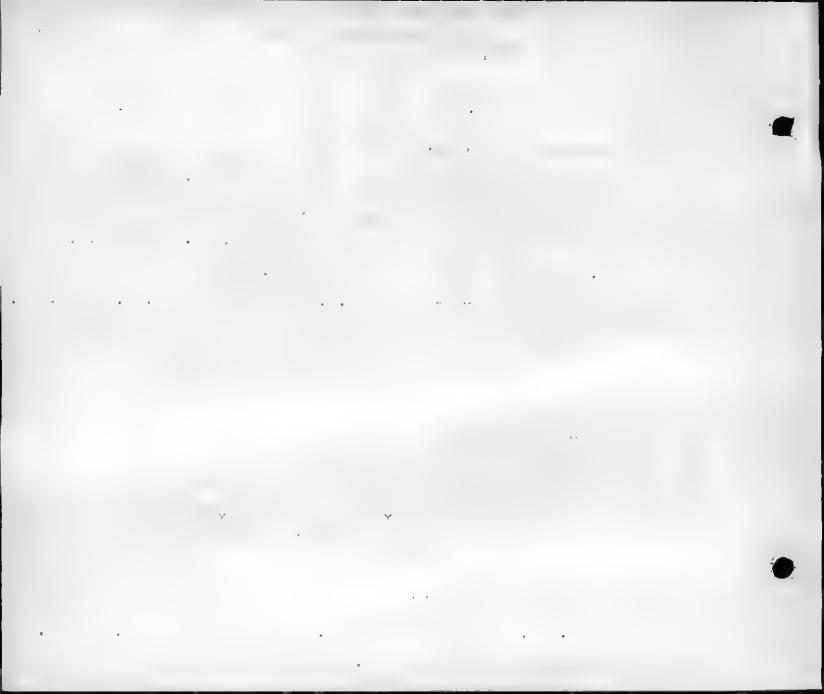
2 FUNETAL DESTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

TO FUNERAL D Z. 12

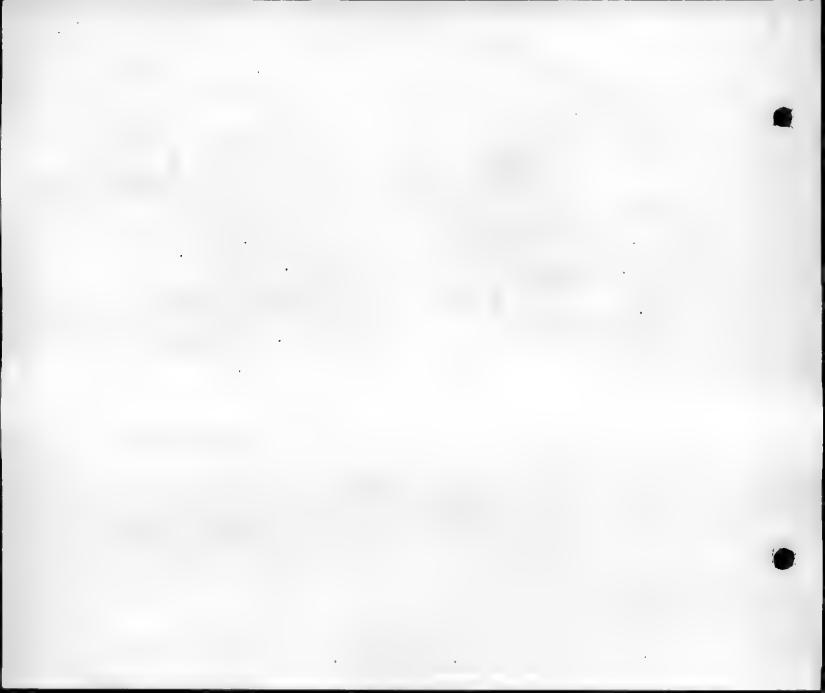
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

051	QEKIII IQA	ALE OF BEATTI	Re	g. Dist. No.
1. PLACE OF DEATH		2 USUAL RESIDENCE (Where		esidence before admission)
Washington	MARYLAND	o. State Maryland	P. COUNTY	shi nyton
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	E. CITY OR TOWN (If outside	le corporete limits, write RURAL	ond give nearest town)
RURAL and give nearest lown)  Ragerstewn Ma.	life time	08 Mageratem	n. Marvland	
d. NAME OF HOSPITAL (If not in hospital, give street of		d. STREET ADDRESS		e. IS RESIDENCE
Washington Sounty E	osnital	464 Park B	Plase	YES NO TO
3. NAME OF First	Middle	E011 4.	DATE Month	Day Yeor
(Type or print) William	Allan		OF Teb	27 19 50
		8. DATE OF BIRTH	9. AGE (In years IF U	NDER 1 YEAR IF UNDER 24 HRS
Male Colored WIDOWE		Oct 19 1921	lost birthdoy) Mo	nths Doys Hours Min
00 USUAL OCCUPATION (Give kind of work done 10b. I				2. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)  I.aborer II.et	tankanın Da	octhagerstewi	กโปละพโลเทลี	USA.
3. FATHER'S NAME	terkenny Del	14 MOTHER'S MAIDEN NAMI		0 = 214
702 7 7 4 am		Flizabeth	Levis	
Villiam A Burnett  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S.	SOCIAL SECURITY NO. 17. H	NFORMANT	Address	
(Yes, no or unknown) (If yes, give wor or dates of service)			11 144 73 3	Dinas
		Georgia Burns	ett 464 Park	
18. CAUSE OF DEATH   Enler only one couse per lin	a tor (o). (b). ond (c).]	and ho	11-1	ONSET AND GEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cronce yes	supercor ne	yangs.	1-2 mas
192 Y DUE TO				
Conditions, if ony, which ) (b)				
gove rise to immediate DUE TO				
lying couse lost.				
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY
				PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 2	Of. (City or lown)	(County) (State)
20c TIME OF INJURY Month, Doy, Year 20d. IN Hour e. m. p. m. 19 of work	TWO WILLIE 27	ctory, street, office bldg., etc.)		
		10 10	A 25 62.	
21. I certify that I attended the decease	G 110111.	1960 ta		at I last saw the decease
alive on 196	and that death			on the date stated above
The Shipper		150/11/1001	MESS (Street, city or lawn, state	DATE SIGNE
SIGNATURE MANY THE STATE OF THE SIGNATURE	in	M.D.	you a lasse	Vous led 2/19
BUYERCIANIE				/ "
PHYSICIAN'S Philip J. Hirshm	an, M.D.		****	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d	LOCATION (City, town, or co	unity) (Slote)
Burial 5-3-1960	Rese Mill 2	emetery W	agerstewn W	arvland
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D BY		R'S SIGNATURE
Follow R Waters on Vans	nathur ma	DATELAR 7		& France
ARRONAL IN MARKET THE REAL PROPERTY.	AVS AC IV N	ALL SALL	DV	





X		MARYLAND S	TATE DEPARTM	ENT OF HEAL	TH-BALTIM	ORE, 18		<b>~</b>
1.7		2608	CERTIFICA	ATE OF DEA	TH	Reg. Di	st. No. ()	2507
M	1 [	ACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where deceased lived	Reg. Dist. No. () 25073  eased lived. If institution: Residence before admission) b. COUNTY Washington  corporate limits, write RURAL and give nearest town)  1.		
	ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN				wn)
		Boonsboro R#2  NAME OF HOSPITAL (If not in hospital, give street ack	2 mo.	d. STREET ADDRESS	rstown		1. 15.0	FEIDENICE
X	_ `	OR INSTITUTION Boonsboro R#2		1	S.Locust S	t	ON	A FARM?
		AME OF First	Middle	Last	4. DATE OF		Day	Yeor
	5. 5	ype or print) ELLEN	MALLVERNA	CASTLE				1960
*	5. 3	Female   6. COLOR OR RACE   7. MARRIED   White   Widowed		B. DATE OF BIRTH Feb. 20, 18'	78 los	thirthdoy) Months	Doys Hour	Min.
4	10a	USUAL OCCUPATION (Give kind of work done 10b KIN					IZEN OF WHAT	TCOUNTRY
	5	during most of working life, even if refired)	xtile		rersville,		USA	
		Lewis O.Castle			D.Castle	,		
		VAS DECEASED EVER IN U. S. ARMED FORCES?  16. SO  17 yes, give wor or dates of service)  18 yes, give wor or dates of service)		NFORMANT				
		IB CAUSE OF DEATH [Enter only one couse per line	or (o), (b), and (c).			abbox of Mary	INTERVAL	BETWEEN
		PART I DEATH WAS CAUSED BY:	abral he	eus vrhaf	10		ONSE! AN	ID DEATH
		33/X DUE TO	0	J			2	/ 0
		Conditions, if ony, which (b)	eeralizet	ilitero Jo	levorin		e uu	outh
		couse (o), stoting the under- lying couse lost. DUE TO						
a	CATION	PART II. OTHER SIGNIFICANT COND TIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TO	ERMINAL DISEASE CON	ndition given in PAR	PERI	FORMED?
	CERTIF	20g. ACCIDENT WAS UNDERLYING []   20b. DESCRI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter noture of injury	in Port I or Port II of	item 18 }		
	MEDICAL		IRY OCCURRED 20e. PL	ACE OF INJURY (Home, ctory, street, office bldg.,	form, 20f. (City or to	wn) (	County)	(Stote
		2) I cartify that I attended the deceased		2 , 195°, to	2-1-	1950,that I lo	ast saw the	decease
		actual Joseph - fe	<u> </u>	M.D	ADDRESS (Street, o	city or town, state)	D.	ATE SIGNE
1		PHYSICIAN'S JOSEPH SEC	ISALNO	Boo1	rs Boro		MI	D _
	220	BURIAL, CREMATION, 22b. DATE THEREOF	2c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	(City, town, or county)	(5)	tote)
		REMOVAL (Specify) 2/6/60	Rest Haven					d.
),		uneral director's signature est Haven Fungral Chapel I	ADDRESS		FEB 8 '60			
7 4	11	de l'aven l'antitat Chapet 1	no. nager soor	DATE	150 00			
		we, e, A	1020					



0 VS A15 (4) 15M 9/58

PLACE OF DEATH

QR INSTITUTION

Femule

Medica. 13. FATHER'S NAME

20c. TIME OF INJURY Month,

o. m

COUNTY

NAME OF

5 SEX

WEDICAL

DECEASED

(Type or print)

08

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02508 **CERTIFICATE OF DEATH** 9518 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b COUNTY MARYLAND ashington n. ton b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) Days Hagerstown Hagestown d NAME OF HOSPITAL (if not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? ash County Hospital Delwood Ave YES NOT 4. DATE First Middle Lost Month Year CLIPP Lekee DEATH Febv 8 1960 19 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED [ DIVORCED | 55 yrs. 100 USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Chewsville "ash Co Secretary 14. MOTHER'S MAIDEN NAME Ida Clopper Emory Lckee 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Chester J. Clipp 14 Delwood Ave Hagerstown INTERVAL BETWEEN ONSET AND DEATH DUE TO DUE TO

18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying cause lost. CERTIFICATION WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 PERFORMED? YES LNO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II or Port II of item 18.)

20e. PLACE OF INJURY (Home, form,

factory, street, office bldg. etc.)

and that death accurred a 2 1000M, from the causes and an the date stated above. ACTUAL SIGNATURE

Day, Year

21. I certify that I attended the deceased from Sec.

20d INJURY OCCURRED

Not while of work of work

While

Washington St.

20f (City or town)

ADDRESS (Street, city or town, state)

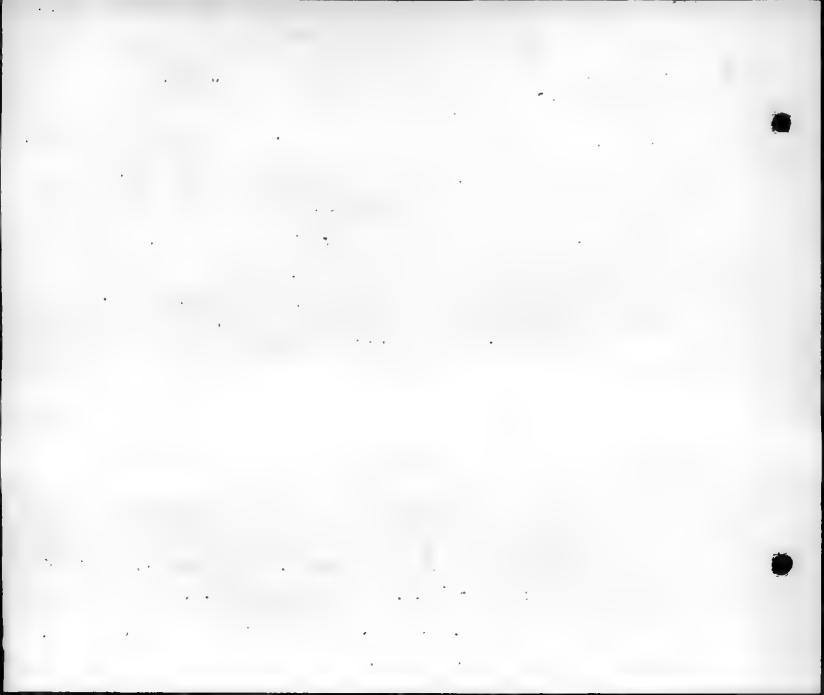
to Feb. 8 1960that I last saw the deceased

(County)

(State)

DATE SIGNED

LAYINE (1Abe) T) •	TI. FACKE	ULTS MODE	nager	S F TANTO TEN	<u> </u>	
220. BUR AL, CREMATION, REMOYAL (Specify)	22b DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (	Lity, town, or county)	(State)
Burial	3/10/60	Rest Haven (	Demeterv	Hagersto	own Bash 15	Co. Ld.
23. FUNERAL DIRECTOR'S S	IGNATURE	ADDRESS	24a. RE	C'D BY REGISTRAR	246 REGISTRAR'S SIGNATI	JRE
Andrew K.	Coffman	H gerstown Kd.	DATE	EER 1 1 '60	Ct + 2 to	AUA



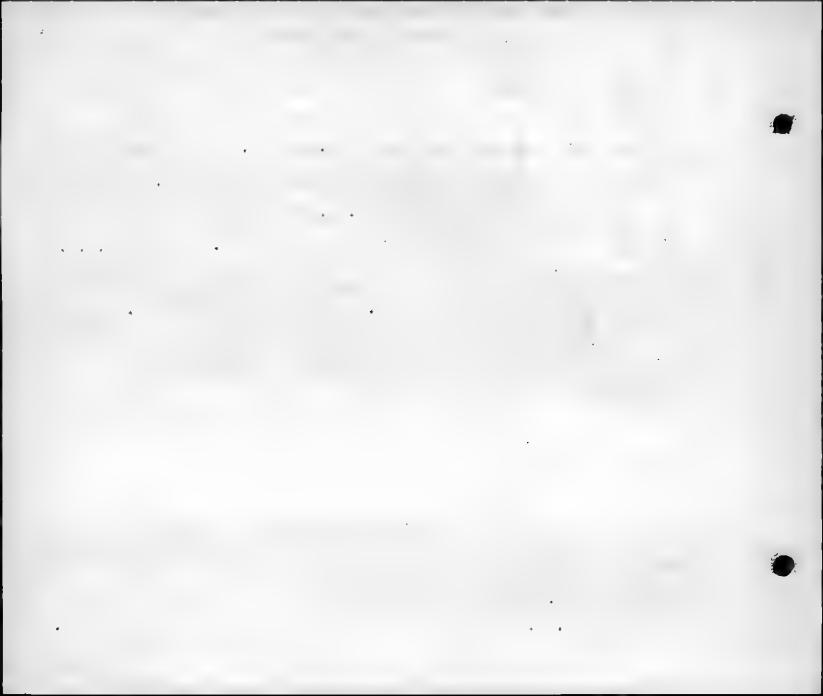
VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2600

02500 **CERTIFICATE OF DEATH** Rea. Dist. No.

		**					
1, PLACE OF DEATH 6. COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE ( o. STATE MAYV	_	ed. If institution- b. COUNTY	Residence before	
	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		limits, write RUR/		
RURAL ond give ne Hancock		Life	\.		•		
			Hancoc			10	. IS RES DENCE
OR INSTITUTION	At (If not in haspital, give street						ON A FARM?
	Home		W.Mai				YES NO
3. NAME OF DECEASED	First	Middle	lost	4. DATE OF	Month	Day	Yeor
(Type or print)	Jennie		Conn	DEATH	2.	16	19 60
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9.			FUNDER 24 HRS
F	W WIDOW	DIVORCED [	12.25.186		90 yn. "	Joys J	ributs mun
100. USUAL OCCUPATIO	ON (Give kind of work done 10b. king life, even if retired)	. KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (SH	ote ar foreign coun	וֹעיוֹ	12. CITIZEN OF	WHAT COUNTRY
Merchant	-	lothing Sto	re Washin	gton Md		TT C	2 A
13. FATHER'S NAME	10	T T T T T T T T T T T T T T T T T T T	14 MOTHER'S MAIDE				J-0-1/4-
т	ohn Hixon		Eli	En Conne	~ ~ ~		
		SOCIAL SECURITY NO. 17	INFORMANT	za Crea	Address		
(Yes, no. or unknown) NO	(If yes, give wor or dates of service)		ne Determen	C 77			
	TIA FE		rs Beteran	Conn H	ancock		WILL OF THE PARTY.
	ATH [Enter only one couse per li	ine for (a), (b), and (c).)	A- 160	A FE	. // .	ONSE	T AND DEATH
	IMMEDIATE CAUSE (6)	eure Congres	the Hear	x For	Lune		pour
4-20,0	DUE TO	-1-	A- 160	-p-19		. 11	1 15 -
Conditions, if or		leriorcher	who He	and di	rale 2	10	-15 1900
gove rise to in couse (a), stating t							
lying couse lost.	(c)						
Z PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIVEN	IN PART 1(o) 19	WAS AUTOPSY
8							PERFORMED? YES ☐ NO 🎮
PART II. OTH	AS UNDERLYING [] 20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Part I or Part II	of item 18.)		
(IF EITHER, NOTIFY	MEDICAL EXAMINER)						
3 20c. TIME OF INJUR	Y Month, Day, Year 20d. I	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, fo	orm, 20f. (City or	lown)	(County)	(State)
20c. TIME OF INJURY	19 While		factory, street, office bldg.	etc.)	·		
			20 10 50	2 - 1/			
<u> </u>	at I attended the decease		29 , 19 <u>59</u> , 10 -	( ) ( )	1960,1	hat I last sav	w the deceased
alive on	12.	ond that deal	th occurred at 2:03				stated above
ACTUAL (=	DB T	- W 1	1/-	ABDRESS (Street	t, city or town, stg	te)	DATE SIGNED
SIGNATURE	ork poston	- 10 /1 C. V.	MO. Man	cock	1191		18-60
PHYSICIAN'S NAME (Type)	י ניין גר וי	· TITIO	Il.menel	. 13	6 - 4 F		
220. BURIAL, CREMATIO	N. 22b. DATE THEREOF	22c NAME OF CEMETERY			N (City, lawn, or c	ounts)	(Stote)
REMOVAL (Specify) Burial	2.18.60	Episcopal			ck Wast		
23. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS		EC'D BY REGISTRAL	24b. REGISTR	AR'S SIGNATURE	
Howard	of Steens	Harroad	mak_ DATE	FB 3 3 '60	7.1	7 8 Have	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02510 Item 4 F. 1E.G250 2-25-60 et CERTIFICATE OF DEATH Rea. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) filed a COUNTY b COUNTY Washington Washington Maryland MARYLAND funeral b CITY OR TOWN (if autside carporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) å RURAL and give nearest town Hagerstown 30 yrs. Hagerstown ploods d. STREET ADDRESS d. NAME OF HOSPITAL (If not in haspital give street address) IS RESIDENCE or institution 1028 Pennsylvania Ave. ON A FARM? by 2. 1028 Pennsylvania Ave. YES NO K <u>\_</u> 4. DATE OF DEATH NAME OF First Middle Lasi Month Year filled DECEASED WILLIAM MCKINLEY (Type or print) COSEY Feb. 19 60 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS ě 5. SEX 9 AGE (In years campletely last birthday) Manths Days May 18,1900 Male White DIVORCED [ WIDOWED | 59 yrs that the death certificate be executed 10o. USUAL OCCUPATION (Give kind of wark done during mast of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA gud have carban phases after dec Retired Salesman Bakerv Franklin County Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Correct name unknown Nora Cosev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) Z 214-09-2240 Mrs.Wm.Cosey 1028 Penna. Ave. Hagerstown. Md. attending please within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY mins IMMEDIATE CAUSE (a) Acute coronary occlusion Phe DUE TO þ permit. MArteriosclerotic heart disease Canditians, if any, which vears signed gave rise to immediate DUE TO cause (a), stating the under-Hypertensive cardiovascular disease 18 vears physician. lying cause last. **burial-transit** been PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? cerebral arteriosclerosis YES NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Manth, Day, Year 20d. INJURY OCCURRED (County) (State) P factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark o. m. After 21. I certify that I attended the deceased from Pebruary 152 to February 150 60hot I last sow the deceased detached alive on February 19.60 , and that death accurred all: 30M, from the causes and an the date stated above. by the ADDRESS (Street, city or town, state) ACTUAL 100 Professional Arts Bldg. prior SIGNATURE p shaute may be reta PHYSICIAN'S William T. Layman mgistrar. Hagerstown Maryland BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) agod REMOVAL (Specify) 2/18/60 Rest Haven Vemetery Hagerstown Md. 0 **ADDRESS** 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S, SIGNATURE VS A15 (4) Rest Haven Funeral Chapel Inc. Hagerstown, Md. DATE 15M 9/58 When Gi Ant



YS A15 (4) 15M 10/57

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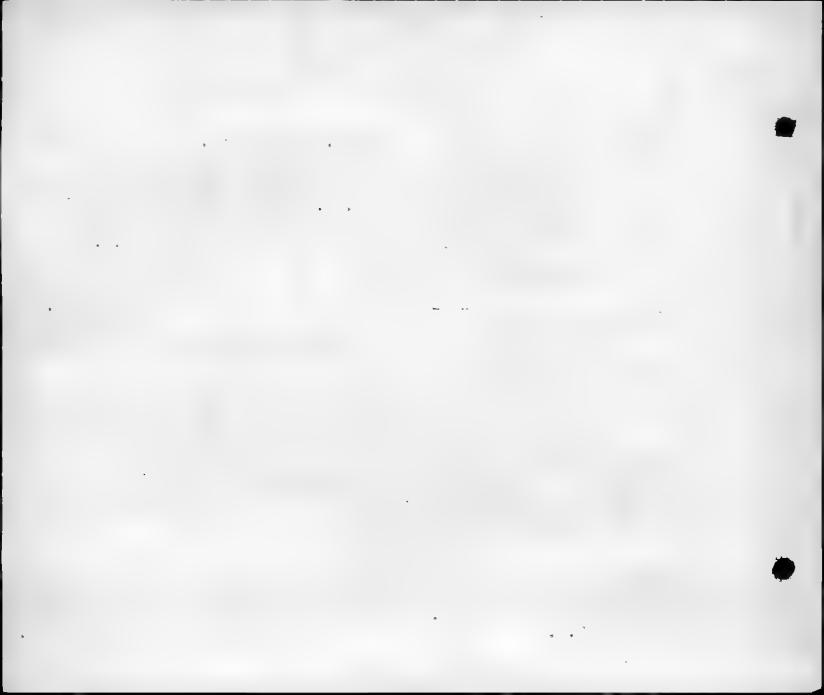
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2601 CERTIFICATE OF DEATH

()2511 Reg. Dist. No.

1. PLACE OF DEATH	ashingto	n	MARY	LAND	2 USUAL RESID	ENCE (Where deceas		washir		
b. CITY OR TOWN (II RURAL and give ne Williams		ls, write c.	25 Yrs	IN Tb		WN.Hf outside corp.			nearest fown	)
d NAME OF HOSPITA	AL (If not in haspital, g	ive street add			/ d. STREET AD		·		e IS RES	IDENCE
OR INSTITUTION	Home				38 W.SE	ilsbury	St.		ON A	NO.
3. NAME OF	Fir	st	Middle		Lost	4. DATE	2 2 Mg	nth		fear
(Type or print)	Rutl	h	Mae		Cott	rill DEATH				19 60
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 🔲	B. DATE OF BIRTH		9 AGE (In years	Months My		
F	W	WIDOWED	DIVORCE		1.27.1	1896	64 yrs		s Hours	Min
10o. USUAL OCCUPATIO	N (Give kind of work one life, even if retired)	done 10b. KIN	ID OF BUSINESS O	R INDU	TRY 11. BIRTHPLA	CE (State or foreign	country)	12 CITIZEN	OF WHAT	COUNTRY?
Switch Bo			C&P.Tele	pho	ne Wash		County	Ma U.S	3.A.	*
Wif	lliam A	Rancel	r		Her	mietta :	Rider			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. SOC	CIAL SECURITY NO.	. 17. 1	NFORMANT			dress		
No	r jet, gre wat at data of a	210	6-22-759	alr v	rs Phyl	lis Rog	ers Wil	liamspo	ort M	d.
	TH (Enter only one co				10			[11	NTERVAL BE	TWEEN
PART I. DEAT	H WAS CAUSED BY:	1 9	KRIG.	Re	146	1011 /2	20-1	b	HISET AND	CLASSIA T
420.1	DUE TO			-	1-4-10			4	are i	COLPTONION !
Canditions, if as										
gove rise to in couse (a), stating t				-						
lying couse lost.	(c									
PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	ITRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION G	VEN IN PART 1(0	PERFO	NUTOPSY RMED?
PART II. OTH  200 ACCIDENT WA  CONTRIBUTING  UP EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCRIB	BE HOW INJURY OF	CCURRE	). (Enter nature of	injury in Part I or Pa	rt If of item 18 }		1 125	NO LJ
	,	Leaf de marine								
20c. TIME OF INJURY Hour o. m p. m.	Month, Day, Yea	While	RY OCCURRED  Not while of work	foc	tory, street, office	ome, form, 20f (Ci bldg., etc.)	ly or town)	(Coun	ly]	(State)
21. I certify the	ot, I offerded the	deceased	from	16	Ø . 19	10.2-11	19	,that 1 last	saw the	decensed
alive on	12-11/60	19		death	accurred at_	^ />	m the causes Street, city or town	and on the o	date state	
ACTUAL SIGNATURE	4127	- 4	sun s	2	N.O. Wie	L'aus	1400)	F/Yd	2-/	3/60
PHYSICIAN'S NAME (Type)		1	1						(	/
220 BURIAL, CREMATION REMOVAL (Specify)	, 226 DATE THEREO	f / 22	C NAME OF CEME	TERY O	CREMATORY	22d LOS	TION (City, town,	or county)	(Stote	:)
Burial	2.4.19	66	Greenlav	vn (	emetery	Will	iamspor	t Washi	ngto	n Md
23 FUNERAL DIRECTOR'S	SIGNATURE'		ADDRESS			74a. REC'D BY REGIS	TRAR 246. REG	Orthur S.	FURE	
Howal	al of off	wil	Hom		62 ms	DATE FEB 8	'60	Cirilwin D.	- COMP	



**CERTIFICATE OF DEATH** 

02512 Reg. Dist. No.

. IS RESIDENCE

ON A FARM?

YES 🔲 NO 🎮

19 60

Washington

IF UNDER 1 YEAR IF UNDER 24 HRS.

director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Marvland ashi neten Ö b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fown) Kazerstewn, Karyland 2 shauld Magerstern, YYE d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION W. Bethel Street ashington County Fostital pua 2 NAME OF 4. DATE Middle filled OF DEATH **Crais** Reb Viela Bertha (Type or print) 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED DE 5. SEX 8. DATE OF BIRTH 9. AGE (In years DIVORCED TT WIDOWED [7] **Eclored** Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fore an country) during most of working life, even if ratired) family Clear Spring. Private Demestie puo 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sarah Dartz Samuel Crais IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT attending 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or lown) Hour o.m. Not while of work of work 21. I certify that I attended the deceased from 10/27/54, 19..., to 2/12/60... 19..., that I last saw the deceased alive on ACTUAL SIGNATURI should Hagerstown, Maryland PHYSICIAN'S NAME [Type] BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Rose Cemetery 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR

losi birihdoy) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA. Address Mrs. Carrie Tell 311 W. Potomas St. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YESTY NO (Stote) (County) and that death occurred at 1:40AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED North Potomac Street 22d. LOCATION (City, town, or county) Magerstewn 24b REGISTRAR'S SIGNATURE PATE FEB 1 9 '60 Cithur & House

Month

VS ATS (4) 15M 9/5S

death. Page

requires that the death certificate be



# FOR STATE HEALTH DEPT

and I within 24 hours often death. If any delay is necessary, please in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral plan. Page siner's Office along with form PM3. Page 5 may be retained for your liles. a burial-transit permit. File pages 1 and 2 with the State Board of Health, n, or removal, and in any event with a file pages. 調

ARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE	, 18	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist.	10
2 MISTAL PESIDENCE (Where deceased lived to inst	stution Paridners	halora a

29 No. Locust Street  20 No. As a Reference  20 No. As a Refer		-05	MEDICA	L EXAMINER'S	CERTIFICAT	E OF DEATH	Reg. Dist. No. 302 513
MASYLAND  b. CITY OR TOWN III carries expected tends, and the superal contends of the superal contends	٠ [	1. PLACE OF DEATH	10		2. USUAL RESIDENCE (V	Vhere deceased lived. If institution	on. Residence before admission)
D. CITY OF TOWN (If outlide carporate limits, write RURAL and give nearest law and sensent laws an executed the process of the		a. COUNTY W	ashington	MARYLAND	o STATE Marv	and 6 COUNTY	Washington
Hagerstown  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  29 N. Locust Street  29 N. Locust Street  29 N. Locust Street  3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  3. NAME OF CRASSO (Type or print)  4. DATE  BITS  BIT  BIT		b. CITY OR TOWN IF	outside corporate fimits, write RUPAL	c. LENGTH OF STAY IN Th	4		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  29 No. Locust Street  29 No. Locust Street  3. NAME OF BECEASED (Type or print)  15. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH OCTODER 15. SEX  100. USCAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Store or foreign country)   12. CUITZEN OF WHAT (during most of working life, even if relized)  10. USCAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Store or foreign country)   12. CUITZEN OF WHAT (during most of working life, even if relized)  11. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOC AL SECURITY NO.   17. INFORMANT   18. MOTHER'S MAIDEN NAME  Samuel Cromer  12. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   17. INFORMANT   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).   18. CAUSE OF DEATH (Enter only one course p					05		·
29 No Locust Street  29 No Locust Street  29 No Locust Street  3. Name of October 25				pilal, give street address)		ER POMIT	e. IS RESIDEIN'E
DECASED  TOP OF PICH)  RUSSELL  FLOYD  CROMER  OF ATH  February  27  15  5. SEX  6. COLOR OR RACE  White  Whowed I Divorced Doctober 25, 1894  Whow is wide with the wide of the work done of the work done of the wind of the work of the wind of the working life, even if relired to the relired of the work of the wind of the work of the wind of the work of						locust Street	ON A FARM? YES NO 1
Type or print) RUSSELL BLOOK OR RACE TO MARRIED NEVER MARRIED OCTOBER OF BIRTH OCTOBER OF MARRIED NEVER MARRIED OCTOBER OF BIRTH OCTOBER OF MONTH OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign country) Months Doys Months Doy		3. NAME OF	First	Midd e	Last		Day Year
8. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE III. THEN TOOL BY INCOMENTAL COLOR OR RACE   7. MARRIED   DIVORCED   OCTOBER 25, 1894   9. AGE III. THEN TOOL BY INCOMENTAL COLOR OF MAINT   DOYS   Hours   DOYS   DOYS   Hours   DOYS   HO			RUSSELL	FLOYD	CROMER	DEATH February	27 19 60
TRAILE WINTER MIDOWED DIVORCED UCCOORD 1994 65 yrs.   100		5. SEX	6. COLOR OR RACE 7- MARRI	D NEVER MARRIED 6.	DATE OF BIRTH		
Painter  13. FATHER'S NAME  Samuel Cromer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOC AL SECURITY NO. 17. INFORMANT Address Winkfield  16. SOC AL SECURITY NO. 17. INFORMANT Address Was Genevieve Anspacher Hagerstown, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  FART I. DEATH WAS CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) [19. WAS A PRIMARY ] or CONTRIBUTING ]  200. EXTERNAL CAUSE WAS PRIMARY ] or CONTRIBUTING ]  201. EXTERNAL CAUSE WAS PRIMARY ] or CONTRIBUTING ]  202. EXTERNAL CAUSE WAS PRIMARY ] or CONTRIBUTING ]  203. INJURY OCCURRED [Enter noture of injury in Port 1 or Port II of Hem 18]  204. EXTERNAL CAUSE WAS PRIMARY ] or CONTRIBUTING ]  205. ITIME OF INJURY Month, Day, Year Port II of work   Injury (Long, form, form, p. m. 19 of work   of w						65 yrs.	Months Days Haurs Min.
Painter  13. FATHER'S NAME  Samuel Cromer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOC AL SECURITY NO. 17. INFORMANT Address Winkfield  16. SOC AL SECURITY NO. 17. INFORMANT Address Was Genevieve Anspacher Hagerstown, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  FART I. DEATH WAS CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), storing the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) [19. WAS A PRIMARY ] or CONTRIBUTING ]  200. EXTERNAL CAUSE WAS PRIMARY ] or CONTRIBUTING ]  201. EXTERNAL CAUSE WAS PRIMARY ] or CONTRIBUTING ]  202. EXTERNAL CAUSE WAS PRIMARY ] or CONTRIBUTING ]  203. INJURY OCCURRED [Enter noture of injury in Port 1 or Port II of Hem 18]  204. EXTERNAL CAUSE WAS PRIMARY ] or CONTRIBUTING ]  205. ITIME OF INJURY Month, Day, Year Port II of work   Injury (Long, form, form, p. m. 19 of work   of w		10a, USUAL OCCUPATIO	N (Give kind of work done 10b, 8 a life, even if retired)	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Samuel Cromer  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT  Ves Ww. I  16. SOC AL SECURITY NO. 17. INFORMANT  Address  Mrs. Genevieve Anspacher Hagerstown, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  O DUE TO  Conditions, if any, which of the underlying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS A PERFORMANY or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Part I or Part II of item 18]  20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While Not while of work of all work	$\mathcal{M}$						U.B.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOC AL SECURITY NO. 17. INFORMANT Address  Ves Waw I [19 yee, gove wat or data of hervice)   219-05-2122   Mrs. Genevieve Anspacher Hagerstown, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)   Given the underlying gover rise to immediate couse (a), stating the underlying [b]   DUE TO   Couse lost.   Given the underlying   Couse of Death   Given the underlying   Given the underlying   Given the underlying   Given the underlying   Given town   Given the underlying   Given town   Given the underlying   Given the	Л	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT Address  VES		Samuel	Cromer		Rosar	na Winkfield	
18. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).		15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16.	SOC AL SECURITY NO. 17. IN	IFORMANT	Address	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS A PERFOLYES TO THE PRIMARY OF CONTRIBUTING CONTRIBUTION CONTR	- 1		W W T	19-05-2122 M	cs. Genevieve	Anspacher Ha	gerstown, Md.
PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (6)  Conditions, if any, which gove rise to immediate couse (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c) 19. WAS A PERFOI YES.  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CONTRIBUTING COURSED (Enter nature of injury in Part I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year While Of Work of the Work of	ı		H [Enter only one come per line	for (a), (b), and (c), )			TINTER/ACTIFICIEN
Conditions, if any, which gove rise to immediate cause (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP. WAS A PERFOI YES.  20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18)  20c. TIME OF INJURY Month, Day, Yeor While Not while of work of work at work of factory, street, office bidg., etc.)	-1	PART I, DEATI	H WAS CAUSED BY:	in the fall min fals?			CINSEF AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IS. WAS A PERFOLYES.  PRIMARY or CONTRIBUTING CONTRIBUTION C		11-2 n	^			/	-
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS A PERFOT YES   20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Yeor While Of INJURY OCCURRED (Caunly) Hour o, m. 19 While Of work of work 19. While Of work 19. Was a performance of injury in Port I or Port II of item 18.)		(a), stating the v		•			
PERFOI YES   20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18)  20c. TIME OF INJURY Month, Day, Year Hour a, m p. m. 19 at work at work   10c. Time Of INJURY (Home, form, factory, street, office bldg., etc.)  20c. Time Of INJURY (Caunty)			) (c)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED While Not while at work at work at work at work (Caunly)	0	PART II. OTH	EX SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN	N IN PART I(a) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED While Not while at work at work at work at work (Caunly)		3					YES NO A
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED While Not while at work at work at work at work (Caunly)		PRIMARY OF CON	SE WAS 206 DESCRIBE	E HOW INJURY OCCURRED (E	nter nature af injury in Parl	I I or Port II of item 18 )	
		D 20c. TIME OF INJUR			E OF INJURY (Home, form iry, street, office bldg., etc.	20f. (City or fown)	(Caunty) (State)
2) I certify that I took charge of the remains described above held an Autopsy [7] Inspection [7] Inspection [7]		∑ p.m.					
and the state of t		21. I certify th	at I toak charge of the r	remains described above	ve, held an Autops	y , Inspection .	Inquiry , and in my
apinion death resulted fram: Natural causes 2. Accident . Suicide . Homicide . Undetermined manner	-	apinion death i	resulted fram: Natural o	couses 🗗 Accident [	], Suicide [], I	Homicide . Undetern	mined manner
151108			15/10	D/			$\overline{}$
SIGNATURE N. CU SULLE MD CHIEF MEDICAL EXAMINER []	,a,		DATE SIGNED				
ASSISTANT MEDICAL EXAMINER []	<i>)</i>	The second of	_	/_	ASSISTANT MEDICA	AL EXAMINER	728/
EXAMINER'S NAME (Type) / THE VIVITY TO JO DEPUTY MEDICAL EXAMINER 2	~	NAME (Type)	7 EWHIT	70 /27	DEPUTY MEDICAL E	EXAMINER 🔀—	1 /60
220. BURIAL CREMATION, 226 DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State		220. BURIAL CREMATION	1, 226 DATE THEREOF	22c, NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, tawn, or	county) (State)
Burial 2/2/1960 Rest Haven Cemetery Hagerstown Maryla			2/2/1960	Rest Haven Cer	meterv	Hagerstown	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		23. FUNERAL DIRECTOR'S			240. REC'I	BY REGISTRAR ZAL REGISTI	RAR'S SIGNATURE
Suter-Rouzer Funeral Home Hagerstown, Md.		Suter-Rouze	r Funeral Home	Hagerstown. Mc	DATE	AN 2 '60 Con	- Times



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 145 with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) a. COUNTY filed **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give pearest town) tagers town d. NAME OF HOSPITA) (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 🔽 -lack NAME OF 4. DATE OF First Middle Manth Doy Year (Type or print) DEATH 1960 AGE (In years last birthday) IF DINDER I YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Days DIVORCED WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17/INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 17 WAS AUTOPSY **≯** PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 at Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Nat while at work | at work 21. I certify that I attended the deceased from 2 -/ 1 1960 ..that I last saw the deceased alive on 25 ADDRESS (Street, city or lawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) C 22g. BURIAL, CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR

9

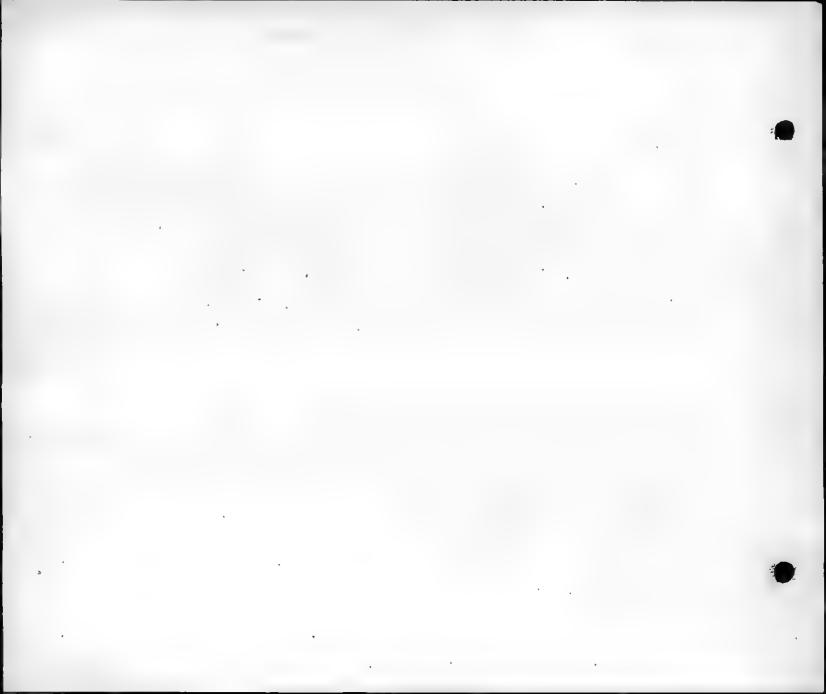
á = Filled that the 0



TO HOSPITAL CATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs are death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/58

	921(11110)	TIE OF BEATTI	R	eg. Díst. No. 😕 🤛 🔻
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	e deceased lived. If institution	Residence before admission)
6. COUNTY	MARYLAND	o. STATE	i ma county	rton
b CITY OR TOWN (If outside corporate limits, write	c LENGTH OF STAY IN 16		ide corporate limits, write RUR/	
RURAL ond give nearest town)		1 10		AL ONG give negress rown;
Hagers own	5 Hrs	Of Magersto	'm' '	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION		d STREET ADDRESS	C 4.	e. IS RESIDENCE ON A FARM?
Wash County Hospit	ارد	726 George	JC	YES NESTON
3. NAME OF First DECEASED	Middle		DATE Month	Day Yeor
(Type or print) ALBERT	2,20 2,7112	ALEY	DEATH Feby 14	
	RRIED   NEVER MARRIED 1	8. DATE OF BIRTH		Onths Doys Hours Min
Male White WIDOV		June 12 190	7 52 yrs	Months Doys Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote or	foreign country) Pa.	12. CITIZEN OF WHAT COUNTRY?
Laborer	None	ercersbur	g Franklin C	O USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	had .	
Herman T. Daley		Gludys G	orman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	NFORMANT	Address	
(If yes, give wor or dates of service)	1.	rs Lary A. G	lenn 738 Geo	rge St
18. CAUSE OF DEATH   Enter only one couse per	line for (a), (b), and (c).	Hagerstow	n La.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	TB - les	3		ONSET AND DEATH
IMMEDIATE CAUSE (o)	Jenstone !	rezerna rue		o-a-ny sept-
GF80 X DUE TO	\rightarrow \right	11		218
Conditions, if ony, which (b)	Le fu	yu-		in the part
couse (a), stating the under-	0			
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS				YES NO D
	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in Par	rt I or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c TIME OF INJURY Month, Doy, Year 20d	INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
A Hour o.m. While	e Not while for	ctory, street, office bldg., etc.)	(==, == ,= ,=,	(2001),
	ork ot work			
21. I certify that I attended the decea	sed fram 2 - 7	, 19.60, to 2	196 4th	at I last saw the deceased
alive an 2 - 13-60.19	and that death	occurred at 3 X-M	fram the causes and	an the date stated above.
	~ 41		DRESS (Street, city or lown, sto	
ACTUAL A STALL	4/15	Ollan		Med 3/15/
SIGNATURE		M.D.	Mary Hours	
PHYSICIAN'S NAME (Type) 777 F W	7,110 %		manuscopy, man, is a que white faces with their sides of the sides of	***************************************
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF TEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, or o	county) (Stole)
REMOVAL (Specify)	4		lagerstown We	sh Co Ld.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			AR'S SIGNATURE
PHOTOW A. COITHIN H	agerstown lo	DATE	3 1 7 '60 Cart	hur & Thous



02516

2521

**CERTIFICATE OF DEATH** 

Reg Dist No.

I.				<u> </u>						-U. JOE	
	1. PLACE OF DEATH o. COUNTY	shington		MARYLAND	a. STATE	ence (whearvla	ere deceased live	ed. If institution b. COUNTY	washin		
ľ		auts de carporate limi	ts, write	C LENGTH OF STAY IN 16	11 . /		utside corporate	limits, write RU			
L	Hagerston			21 days		Hager	stown				
1	OR INSTITUTION	al (If not in hospital, g		· ·	d. STREET A		shington	Street	-	e. IS RESIDE ON A FA YES N	RM?
ł											
	3. NAME OF DECEASED (Type or print)	MARY	rst	Middle NORMA	DAUGHER!		4. DATE OF DEATH	Mani Pebruar		Day Year 16 19	60
	5. SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH			AGE (In years ast birthday)	Months Day	AR IF UNDER 2	Min.
	Female	White	WIDOW		January			70 yrs.			
	during most of work Housewife	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR IND	Shephe	ACE (Stole	or foreign count	v) V <b>irgin</b> :		S.A.	NTRY
ľ	13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
		Norman Fi	sher		Marg	aret 1	Fayman				
I	IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT			Addre	#SS		
	no		,		Clyde A.	Daug	herty I	lagerst	own, Ma	ryland	
Ì			use per lii	ne for (o), (b), and (c).]			01	0		NYERVAL BETW	
ı	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Certour so	brown	quin	enlyn	L		uricu	
	450	DUE TO		,		1	V			1	
ı	Conditions, if or	10	)								
I	gave rise to in cause (a), stating (										
ı	lying couse lost.		)								
	PART, II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART 1(0)	19. WAS AUT PERFORM YES N	ED?
1	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING THE CAUSE (OF DEATH MEDICAL EXAMINER)	20ь. рез	CRIBE HOW INJURY OCCURR	ED (Enter nature of	injury in F	Port I or Port II o	of item 18.)			7
			gr 20d. II	NURY OCCURRED 20e. F	LACE OF INJURY (F	dome, form	20f. (City or	lawni	[Count	tv)	(Stote
	ZOC TIME OF INJURY Hour o. m. p. m.	19	While	Not while k ot wark	actory, street, office	bldg., etc	) [		( 42 4		
	21. I certify th	at I attended the	deceas	ed fram 2/5/60		. ta2	/26/60	19t	that I last so	aw the deci	ease
	alive an 2/	26/60	, 12	, and that deat							
		7/7	0	20 6 41			ADDRESS (Street			DATE S	
	ACTUAL SIGNATURE	- Horen	dh	Was how	м.в. 136	Nor	th Pot	omac S	št	2/27/6	0_
	PHYSICIAN'S H NAME (Type)	oward N.	.Vee	ks, M.D.	Над	erst	own, M	larylar	nd	- 44	
f	220. BURIAL, CREMATIO	N, 226. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	(City, town, o	r county)	(State)	
1	REMOYAL (Specify) Burial	2/29/196	50	Rose Hill Ce	emetery		Hagers	stown.	]	Marvlan	d
	23 FUNERAL DIRECTOR'S	S SIGNATURE	Home	ADDRESS		24a. REC'I	D BY REGISTRAR	24b. REGIS	TRAR'S SIGNAT	TURE	
	RIL	. Merry	*101110	Hagerstown, N	(arvland	DATE MA	R 2 '60	Lin	my s. 16	auta	

may be refore by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplately filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carboy papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

death Page 4

2

AG

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL

VS A15 (4) 1SM 9/58

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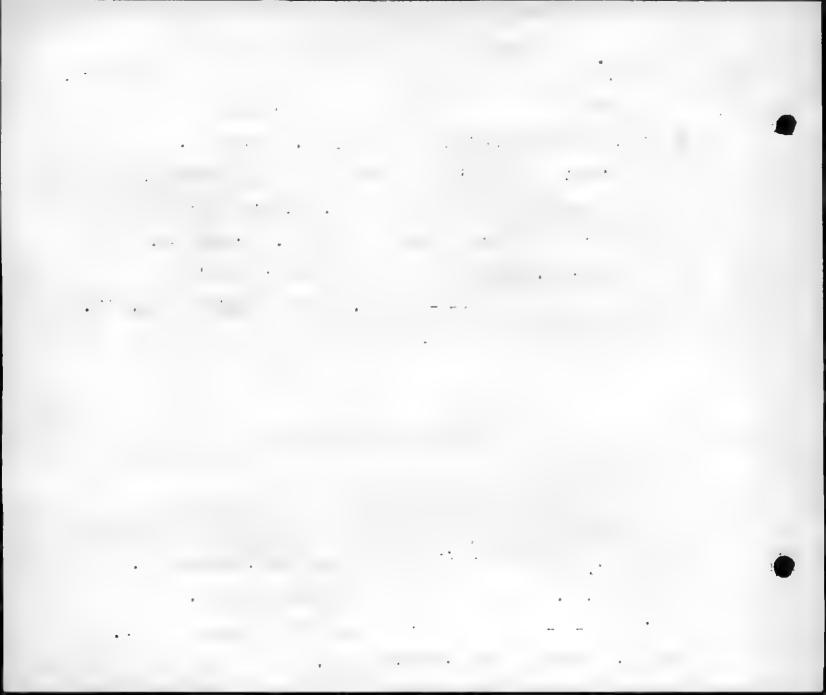


TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs and death. Page 4 may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate los bean signed by the attending elymician and campletely filled in lay an unertal director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58

OF OF CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution. Residence before admission of STATE Maryland b COUNTY Washington
b CITY OR TOWN (If outs de corporole limits, write RURAL and give nearest fown) Hagerstown 19 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital	/d. street address 351 N. Cannon Ave.    Seside On A FA
3. NAME OF DECEASED (Type or print) Mabel First Edith Dov	VNS  Lost  4. DATE Month Day Yeer OF DEATH February 24 196
Female White WIDOWED DIVORCED	B. DATE OF BIRTH  Jan. 10, 1894  9 AGE (In years left UNDER 1 YEAR IF UNDER 2 Months Days Hours Months Days Hours
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House Wife  Own Home	Near Mt. Crawford Va.
Turner J. Burgess	Nellie Wilhite
(Yes, no, or unknown) [ (If yes, give war or dates of service)	rs. Carol Smith Hag. Md.
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse last.  CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).]  Cerebral Thr  (b)  DUE TO  DUE TO  [c]	combosis.  interval Betwonser and De
Essential Hyp	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT PERFORM PERFORM PERFORM PES   N  O (Enter noture of injury in Port I or Port II of Item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) ctory, street, affice bldg , etc.)
21. I certify that I attended the deceased fram Feb. 19	accurred at 7:30PM, fram the causes and an the date stated a ADDRESS (Street, city or town, stole)  DATE STATE  M.D. 119 N. Potomac St.
PHYSICIAN'S R. A. Bell	Hagerstown Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 21c NAME OF CEMETERY O Rest Haven	Cemetery Hagerstown Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCOTT F. Minnich & Son Hagerstow	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE





DATEER 8

Andrew K.

15M 9/58

Coffinen



TO HOSPITAL OF

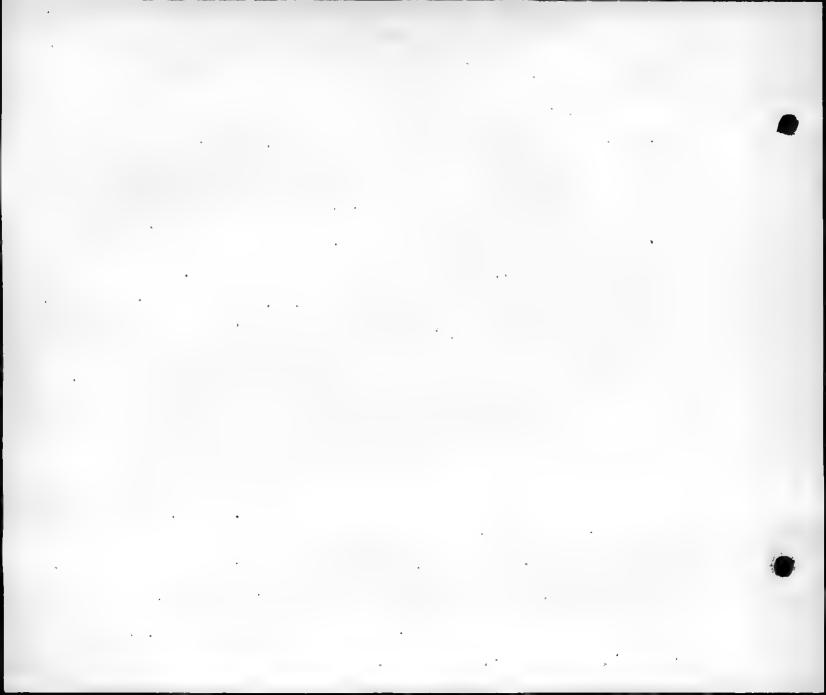
VS A15 (4) 15M 9/58

8

## **CERTIFICATE OF DEATH**

Reg. Dist. No.

1	1. PLACE OF DEATH of COUNTY	ton	MARYLAND	2. USUAL RESIDEN		- h	If institution:			rsion)
	<ol> <li>RURAL and give ne</li> </ol>	f outside corporate limits, write carest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside	e corporate lim	its, write RUR	AL and give n	earest fow	n)
	U.									
	_OR INSTITUTION	AL (If not in hospital, give street		d STREET ADD		7			ON	SIDENCE A FARM?
	"Jah 6p1	unty Hospita	<u> </u>	413		ndon A	SVE		YES	] NO []
	3. NAME OF DECEASED (Type or print)	E D'TARD	20000-	LEMING	1 1		eby 15	1960	lay	Year 19
	5 SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGI		UNDER 1 YEA	R IF UND	
	lale	Thite wow	ED DIVORCEO	April	26 18	93	36 yrs.	Nontris Days	Hours	Main,
	10a. USUAL OCCUPATIO	ON (Give kind of work dane 10b. ling life, even if retired)	KIND OF BUSINESS OR INDU			-	l.d.	12. CITIZEN C	OF WHAT	COUNTRY
	Tavern	Operator	Retired	augan	svill	e "Jash	1 U	U	SA	
	13, FATHER'S NAME			14. MOTHER'S MA	AIDEN NAME					
	Edvar	d E. Fleming		Cor	u A.	Harnis	3h			
,	15 WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.		INFORMANT			Address			
	No		18-30-238 <b>6</b> 4	s Enna C	. Sha	ffer	±13 C1	arend	on	AP ME
		TH [Enter only one couse per li	ne for (a), (b), and (c)]	Huge s	own	il.			TERVAL BI	
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	fulmine	ery C	men	Colum	á		2	والمارا
	44 21	DUE TO	7.	2	A P	17.	. 1	T1		
	Conditions, if a		aven	releci	lié-	ben	Ta	1.	ly	Robert
	gove rise to it								9	
	lying cause lost	(c)								
)	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	HETERMINAL	DISEASE CON	DITION GIVEN	I IN PART 1(0)	19. WAS PERFO YES	ORMEDZ
		S JNDERLYING DEST	CRIBE HOW INJURY OCCURR	ED. (Enter noture of in	njury in Port I	or Port () of i	tem 18.)	•		
	ZOc TIME OF INJUR Hour o. m.		f.	LACE OF INJURY (Horactory, street, affice bl	me, form, 20	Of. (City or low	n)	(County	·)	(Stote)
	Hour o, m,	19 While of wor	k ot work	seriory, shoot, diffice th	1					
	21. I certify th	at I ottended the deceos	ed from Mo	1957	to 14	Jel-	1960 1	ot I lost so	w the r	decepsed
	olive on 14	71h 196		n occurred of 8	A.M.	from the co				
		7 = 1 1.	- P:1			RESS (Street, ci				TE SIGNED
	ACTUAL SIGNATURE	uchiend	( Buth	Ho. 1135 Po	TOMAC	AVENUE		1	6 FEI	в. 196
1	PHYSICIAN'S	ICHARD T. BINFO		U.o		14				
	220. BURIAL, CREMATIO	**	-			VILL MARY				
	REMOVAL (Specify)	, ,	22c. NAME OF CEMETERY C	_		LOCATION (C			(Sto	
	23. FUNERAL DIRECTOR'S	2/17/60 S SIGNATURE	ADDRESS	Cenatery	to. REC'D BY	PEGISTRAP		AR'S SIGNAP	Arel IPE	1
		Coffmun Ha		24	FEB	17'60		lun S. Th		



Rest Haven Cenetery

ADDRESS

Andrew K. Cofinen Hagerstown ad.

Hagerstown Wash Co

24b. REGISTRAR'S SIGNATURE

arthur S. House

24g, REC'D BY REGISTRAR

DATE FEB 1 7 '60

0 VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE



#### MARYLAND STATE DEPARTMENT OF HEALTH 2602 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DR. MAI BYRKIT

may be retoring by the hospital ar ottending physician.

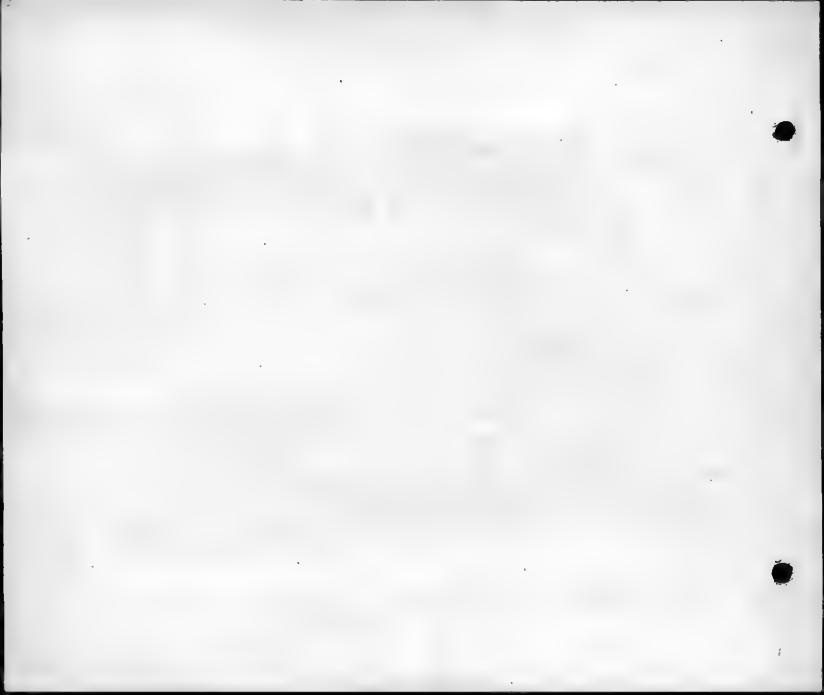
TO FUNERAL SACTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death berificate be executed within 24 hours.

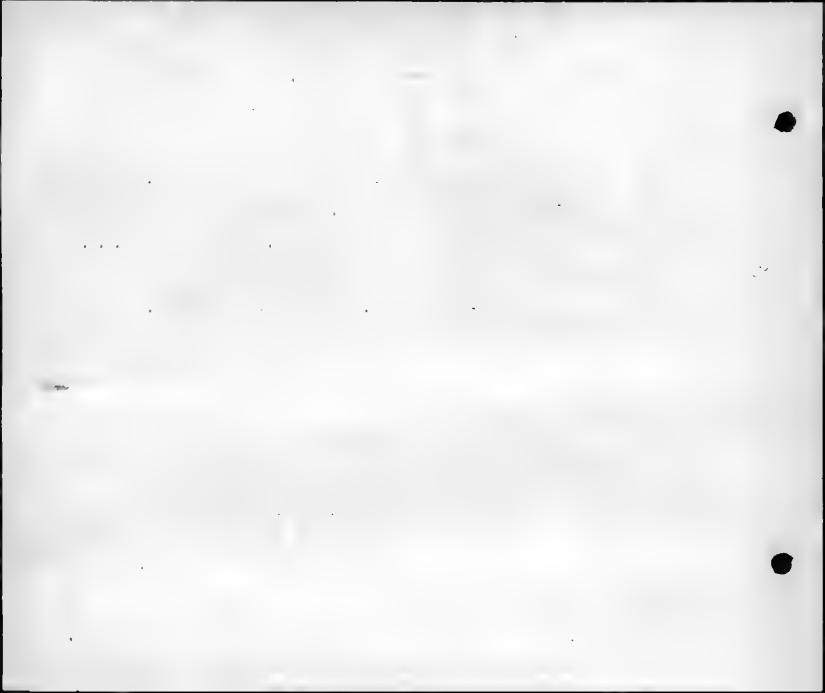
TO HOSPITAL

VR A1S (4) 15M 9/59

Tz e			2602	SION OF STATIS	STICAL RESEAR  CERTIFI	CATE	OF DEA	BALTIMO	RE 1, MARI	LAND		0252	12
OT ONTH	1. F	PLACE OF DEATH b. COUNTY	SHINGTON	-	MARYL	- 11	USUAL RESIDEN a. STATE	ICE (Where		b. COUNTY	: Residence be		n)
93	t	RURAL and give t	(If autside corporate linearest town)		NGTH OF STAY II	N 1b	c. CITY OR TOV	VN (If outsid	le corporate li				
33		d, NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital,	give street address			d. STREET ADDI	21174	15.S.	Kura		e. IS RESID	ARM?
4090	3 1	NAME OF DECEASED	LIAMSPOR	T SANITA	HRIANI Middle	10	+AURF	4.	M.D.  DATE	R · [		Doy Ye	
	(	(Type or print)	ANNA	MAG	zy G		ND		OF DEATH	EBRUAR	zv- 19	~ 19	60
	5 5	FEMALE	6. COLOR OR RACE	WIDOWED	NÊVER MARRIEI DIVORCED	7	ATE OF BIRTH	1880			FUNDER 1 YE.	Hours	Min.
T	100	. USUAL OCCUPATI	ON (Give kind of worl rking life, even if retire	done 10b. KIND (			11. BIRTHPLACE	E (State or fo				OF WHAT CO	UNTRY?
	13.	FATHER'S NAME	MILE	1 OW	N HOWE		MAGEIR			, CO. M	ID. KIS	A	
	15	WAS DECEASED EV	MES DA		OON EIZ	17, INFOR	AMA	MOA	SI.	BRIL	45		
		s, no, or unknown)	(If yes, give wor or dates of	service) NO		TAH	TRY BY	FRIE	ND	HAIRPL		D. R.I	
-		1	ATH [Enter only one of ATH WAS CAUSED BY IMMEDIATE CAUSE	- Alleria			-633	1			0	NTERVAL BETY	DEATH
		422	IMMEDIATE CAUSE DUE T		1906	106	Tal	1000				Zhr	<u></u>
		Conditions, if gave rise to	immediate (	(b) HThe	Prosex	evol	ic (	20	V.				
	-	couse (a), stating lying cause lost	The under-	(c)								1-2	
0	FICATION	PART II OT	THE SIGNIFICANT CO	enza		TH BUT NO	T RELATED TO TH	HE TERMINAL	DISEASE CON	NDITION GIVE	N IN PART I(a	PERFOR	MED?
شير	CERT	20a. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING A CAUSE OF DEATH	206. DESCRIBE	HOW INJURY OC	CURRED (E	nter nature of in	njury in Port	l or Part II af	item 18 }			
desk	MEDICAL	20c TIME OF INJU Hour a.m. p.m.	RY-Month, Doy, 1	While b		20e. PLACE foctory	OF INTURY (Hon , street, office bl	me, farm, 2 ldg., etc.)	Of. (City or to	wn)	(Coun	ly)	(Stote)
. ,		1 '	at (1) (this haspite	11	A				3.10 Fe			that (I)w	
		saw the deced	ised alive an Fa	D. L.S.	1960, and 1	that deat					an the do	225	DATE SIGNED
1		22c PHYS CIAN S	170	pki.	<i>p</i>	M.D	PHYS 22d. ADDRESS		TOR PH	AFF IYS	- é	1-20	-60
		NAME (Type)	M.E.	ByrK	<i>it</i>		28h	, to	tom	∂C	Wnog	ot-1	Up!
	23a	PREMOVAL (Specify		1960 15	NAME OF CEME	TERY OR CE	EMATORY		THAP.F	(City, town, or FRSTIMW)	caunty)	(Stote)	
N	24	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS IS 130120	MO.	25	50. REC'D 81	REGISTRAR	256 REGIST	RAR'S SIGNA	TURE	
1		Jame 12	A MIX COLD	1-4014	100100		D <sub>i</sub>	AFER 2	<del>3 '60</del>	0-4	7 S. Mrs.	UI	



15M 10/57



VS. A15ME(5) 5M 9/55

	1		No.	K.
age 4 should be		crematian,	1	M
		to burial,		
neral direct	raur files.	gistrar priar		
and 3 to the funeral direct	a retained for your files.	d 2 with the registrar prior to burial, crematian,	(	1
Ë	85	D		_

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2611

Reg. Dist. No. (12524

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)								
	o. COUNTESTINGTON MARYLAND	a STATE Maryland b. COUNTY Washington								
Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
1	Rural Smithsburg Md.	3 Hagerstown								
ſ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	4. STREET ADDRESS . IS RES-DENCE								
		919 Mulberry Ave.								
f	3. NAME OF First Middle	Last 4. DATE Month Day Year								
1	OECEASED (Type or print) Barbara Ann Geri	rard DEATH February 7 1960								
Ì	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF SIRTH 9. AGE (In years   IFUNDER TYEAR IF UNDER 24 HRS.								
١L	Female White WIDOWED DIVORCED A	igust 11, 1879 80 yrs. Months Doys Hours Min.								
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR during most of working life, even if retired)	11. SIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	House Wife Own Home	Mapleville Md. U.S.A.								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
ı	Frank Valentine	Barbara Gaylor								
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown)   (If yes, give wor or dates of service)	The state of the s								
	214-09-300dB	Mrs. Asbury Hoover Wolfsville Md.								
I	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Tacching	Kull								
ı	DUE TO									
ı	Conditions, if any, which) (b) Control where C	hech Cruspad instead								
Н	gave rise to immediate cause (a), stating the underlying DUE TO									
	couse last. (c) composition of	excluse Temus left for								
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE SOND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
1	3	YES NO 👺								
	# I KIMMAT LEFOT CONTRIBUTING LI 1/ 1	eler nature of injury in Part I or Part II of ilem 18.)								
	Contract of the contract of th	ill left road crusted mit liver								
1	O Hour and A / While Not while O Jecto	E OF INJURY (Home, farm, 20f. (City or fown) (County) (State)								
		his Hose Muldburg Wash my								
	21. I certify that I taak charge of the remains described above									
death resulted from: Natural causes [], Accident [2], Suicide [], Homicide [], Undetermined cause [].										
										1
2	EXAMINER'S NAME (TYPOT) TE WITCITO FO	ASSISTANT MEDICAL EXAMINER D								
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF COMETERY OR C	(2) mily								
	Burial 2-10-60 Fahrney Ceme	etery   Near Mapleville Md.								
1	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
1	Scott F. Minnich & Son Hagerstown	Ma. DATE FEB 11 '60 Chilmy S. Krus								



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02525

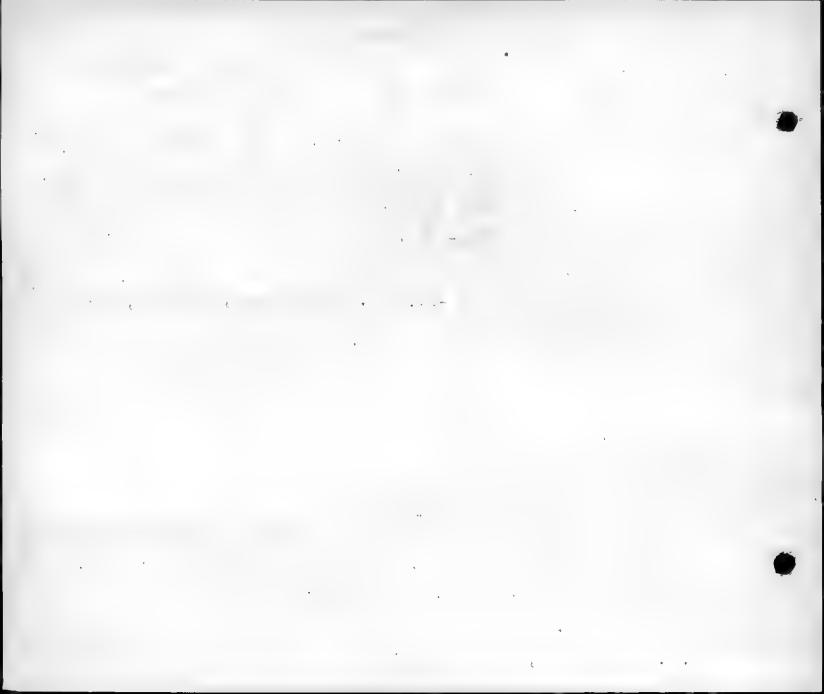
Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH .. couWashington Washington o. STATEMaryland **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Rural Smithsburg d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? 919 Mulberry Ave. YES TO NO T NAME OF Middle First DATE Year DECEASED 60 February Peter Gerrard (Type or print) Clarence 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [7] B. DATE OF BIRTH AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Months 1883 White Male WIDOWED | DIVORCED [7] yrs. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Ontario Canada Organ Voice piper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marion Campbell Alexander Gerrard IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 4-09-3000a Mr. Hugh A. Gerrard Santa Anna Calf. 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, If ony, which gave rise to immediate cause OT 3UG (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO E YES 📑 200. EXTERNAL CAUSE WAS PRIMARY 12-07 CONTRIBUTING CAUSE OF DEATH. 206. DESCRIBE HOW INJURY OCCURRED. (Enler apture of injury in Part 1 or Part 11 of item 18.) 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, forth, white Nat white (gctary effect, affice, bldg., ac.) Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) Hour p. m. at work at work 4 1.30 p.m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 1777 Inquiry death resulted from: Natural couses ... Accident Suicide . Homicide [ ]. Undetermined couse DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER [Z] 220 BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (Stole) Cemetery Maplevil Md . Near 2-10-60 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hagerstown Minnich & Son DATE FEB 1 1 '60 arthur S. Kraus

VS. A15ME(5)



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TIENDING PHYSICIAN: The law requires that the death certificate be e		IRECTOR: After this certificate has been signed by the attending physician and	be detached for use as the burial-transit permit. Then please readve casban
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		MARYLAN	ID STATE DEPAR	MTS	ENT OF H	EALTH	I—BALTIM	ORE, 18	3	0 0
		2527	CERTIF	ICA	ATE OF D	EATH	1	F	Reg. Dist. No	02526
1.	PLACE OF DEATH O. COUNTY Washin	gton	MARYL	AND		ence (Wh	ere deceased lived		. Residence bef Frederi	
	b CITY OR TOWN (If outside RURAL and give nearest to Hagerstown	carporate limits, wri	c. LENGTH OF STAY II  Months	N 1Ь	1	own (if o	utside corporate li rick	mits, write RUR	AL ond give no	carest town)
V	d. NAME OF HOSPITAL (IF NO OR INSTITUTION Maryla			-	d. STREET A		ifth Stre	eet		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First John	Middle  r Edward	5	itting	سر لها	4. DATE OF DEATH	Month 7 & L		Year 19 € €
5.			ARRIED NEVER MARRIED			4			FUNDER 1 YEA Months Days	R IF UNDER 24 HRS Hours Min.
100	b. USJAL OCCUPATION (Give during most of working life, Secretary	kind of work done if retired)	юь. кімо оғ визімезэ ок Super-Market	INDUS	TRY 11 BIRTHPL	ACE (Stote Maryl:	or foreign country	)	12. CITIZEN C	DE WHAT COUNTRY
13.	FATHER'S NAME  John Gitting	er			14. MOTHER'S		AME e Lee Ket	tler	1	
15 :Ye	WAS DECEASED EVER IN U.	S ARMED FORCES? we wor or dates of services	16. SOCIAL SECURITY NO 214-10-1364		NFORMANT B. Eliza	beth !			t Fifth	Street,
MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDER OR CONTRIBUTING I CAL (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY MON	DUE TO  (c) DUE TO  (c) OFFICIANT CONDITION  RELYING 1 206. USE OF DEATH  LEXAMINER)  (b) DUE TO  (c) DUE TO  (c) DUE TO  (c) DUE TO  (d) DUE TO  (e) DUE TO  (d) DUE TO  (e)	NS CONTRIBUTING TO DEATH	TH BUT CURREE	NOT RELATED TO	THETERMI	NAL DISEASE CON	Pulmon. Slem (6) Gra	NIN PART I(a)	PERFORMED?  YES NO
Hour o. m.  19 While Not while of work foctory, street, office bldg, etc.)  21. I certify that I attended the deceased from IEL: 2-1 1960, to IEO 29 1960, that I to olive on IELIUARY 19 19 19 19 19 19 19 19 19 19 19 19 19								an the dal	te stated abave DATE SIGNE	
		ar.3,1960	Mount Oli				22d. LOCATION (	ick,	Ma	(Stote) aryland
	R. Etchison		ederick, Mary	lan	d	24a. REC' DATE	AR 2 '60	1	RAR'S SIGNATI	



VS A15 (4) 1SM 9/SS

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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 18	}

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ŧ	1) 9597						
	CERTIFICATE OF DEATH  Reg. Dist. No.						
۴	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Re-	ridence before admission)			
	. county Washington	MARYLAND	STATE FORMER B. COUNTY F	ranklin'			
1	b. CITY OR TOWN (If outside corporate limits, writ RURAL and give rearest town)	c. LENGTH OF STAY IN 15	c CITY OR TOWN [If outside corporate limits, write RURAL	ond give nearest town)			
1	Maders town	2445	Coreencastle	75×-3			
Ì	d NAME OF HOSPITAL (If not in hospital, give stre	ret oddress) V/	d. STREET ADDRESS	e. 15 RESIDENCE			
1	Garlock Men	world HESP	Koute#2	VES NO 1			
1	3. NAME OF First STEEL	. Middle	Lost 4. DATE Month	Day Year			
Ł	(Type or print)	1 Leslie	Goetz DEATH Fabrua	46 18 1960			
ſ	5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	The state of the s	IDER 1 YEAR IF UNDER 24 HRS.			
		WED TO DIVORCED	NEVember 24 1375 84 m.				
	100 USUAL OCCUPATION (Give kind of work done) It during most of working life, even if retired)	36. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stold or foreign country) 12	CITIZEN OF WHAT COUNTRY?			
	Kartronder	Kailtoad	Franklin Co Ta	U5H			
Y	13. FATHER'S NAME	_ /	14. MOTHER'S MAIDEN NAME				
1	Thomas M. C	500+7	Cothoune Kent				
1	15 WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT/ Address	1 12			
ı	(Yes, no or unknown) (If yes, give wer or dates of service)	MANO M	in them by hol this	11 50			
ŀ	18. CAUSE OF DEATH [Enter only one couse per	t line for (a) (b) and (c) ]	Brung Carrell Meller for	INTERVAL BETWEEN			
П		53 L	0 110 1 1 1 2	ONSET AND DEATH			
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)						
1	42 DUE TO	16 Mar					
1	Conditions, if any, which (b)	WITH ILR	an plusation				
Т	couse (a), storing the under-	TI L - 0	0				
Т	lying couse lost. (c) /	7.2 masca	ias in , general	1090			
ı	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED?			
	3 O Pras Kakie Cuyin	From buil	I M	YES NO 3			
ı	200. ACCIDENT WAS UNDERLYING 2 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18)						
П	OR CONTRIBUTING CAUSE OF DEATH						
ı	3 20c. TIME OF INJURY Month, Doy, Year 20d	I INJURY OCCURRED 20e P	LACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stole)			
1	20c. TIME OF INJURY Month, Doy, Year 20d Hour o.m. 19 of the		potory, street, office bldg., etc.)	(com)			
1		777	6 .60 . 1.0 12 .60 .				
ı	21. I certify that I attended the dece	/-		t I last saw the deceased			
ı	alive on Tel	h occurred atM, from the causes and a					
ı	ACTUAL SO DI. 6	1.4/	ADDRESS (Street, city or lown, state)	DATE SIGNED			
ı	SIGNATURE Church &	76/VO. 111	MO BILLW: Was hon, you I	1 2/19/60			
	PHYSICIAN'S Edward W	Ditto WIN	W Hageis Yown, Md				
	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY'C	OR CREMATORY / 22d LOCATION (City, fown, or cour	ly) (Stote)			
	REMOVAL (Specify) 2/22/1960	Cadar Hil	1 Comotory Corporas Ho Fin	auxlin G Ta			
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	240. REC'D BY REGISTRAR 246 REGISTRAR	* *			
	Attentiff: Home	man Kleermeen	DATE FEB 2 3 160 U. A	no S. Thomas			
10							



**CERTIFICATE OF DEATH** 

D. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Md  COUNTY  Wash
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) Hagerstown  Weeks	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  rural Smithsburg
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Western Md. State Hospital	d. Street address  RFD 1  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MARTHA LILLIAN	GOUKER 4. DATE Month FEB. 16 1960
female 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	March 8, 1908  9. AGE (In years leading)  9. AGE (In years leading)  Manths Days Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  domestic servant home work	Greensburg, Md.
3 FATHER'S NAME Charles Gouker	14. MOTHER'S MAIDEN NAME  Katherine Santz
IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	Paul Gouker, Waynesboro, Penna.
Canditions, if any, which gave rise to immediate cause (a), staling the <u>underlying cause lost.</u> DUE TO  (b) CARCINOMA RIGHT  (b) CARCINOMA RIGHT  (c)	BREAST WITH METASTASES 41/2 MONTH
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	IED (Enter nature of injury in Part I or Part II of item 18.)
Haur a, m. 19 White Nat while for your me. 19 at wark at wark	PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (County) (State) actary, street, office bldg., etc.)
	death occurred a 3.15PM, from the couses and on the date stated above
220 SIGNATURE George Bercu	MD ATTENDING MED STAFF F FEB. 17, 1960
22c PHYSICIARUS NAME (Type) DR. GEORGE BERCU	1500 PENNSYLVANIA AUE HAGERSTOWN, MD.
23d BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CONTROL Smithsburg	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Scott F. Minnich & Son, Smithsbu	irg, Md. DATE FEB 1 9'60 Chilma S. House

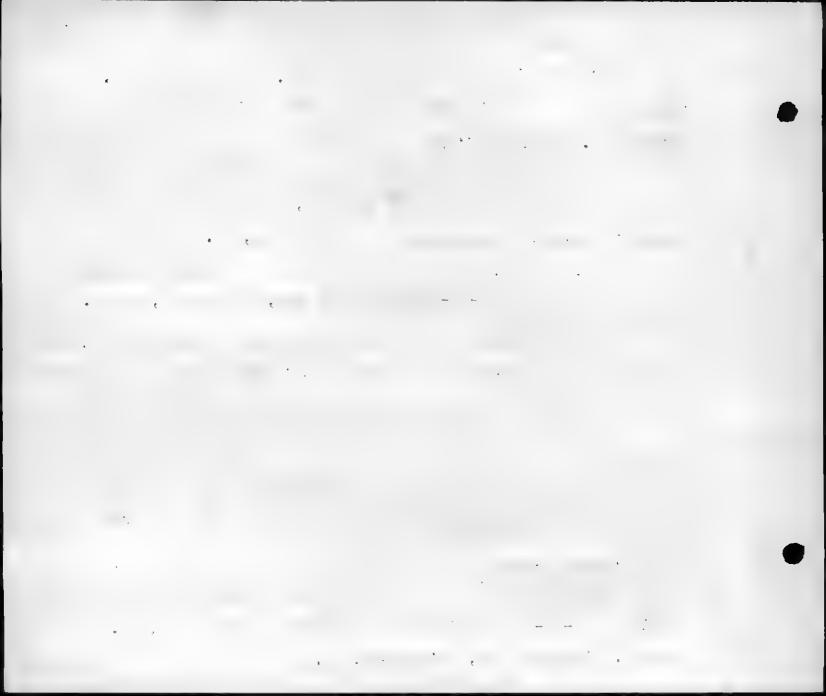
빏 h. Page 4

may be retained I flaspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, with 50 to the detached far use as the burial, cremation, ar remayal, and in any event, with 50 to the filed with

ILMG PHYSICIAN: The law requires that the danth certificate be executed within 24 hours after

VR A15 (4) 1SM 9/59



Hill Cemetery

Rose

**ADDRESS** 

Hagerstown, Md.

02523

e. IS RESIDENCE

YES NO FR

Year

IF LINDER 24 HRS.

Min

19

Hours

Maryland

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES M

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(State)

and find that

DATE SIGNED

(State)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

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Rea. Dist. No.

Washington

Day

Days

IFUNDER TYPAR

(County)

Inquiry  $\square$ .

ariling & trous

Hagerstown

DATE

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Months

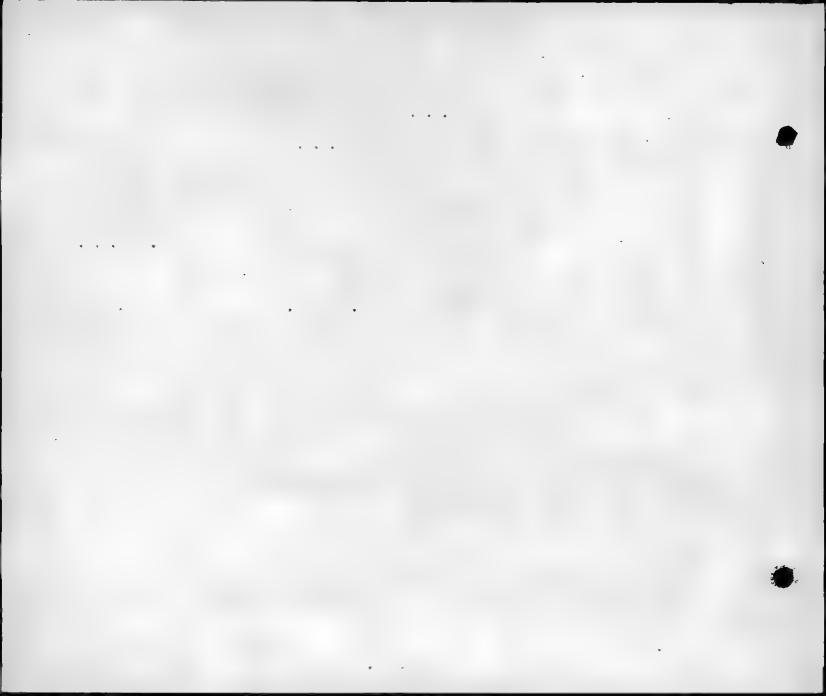
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VS. 5	A1		

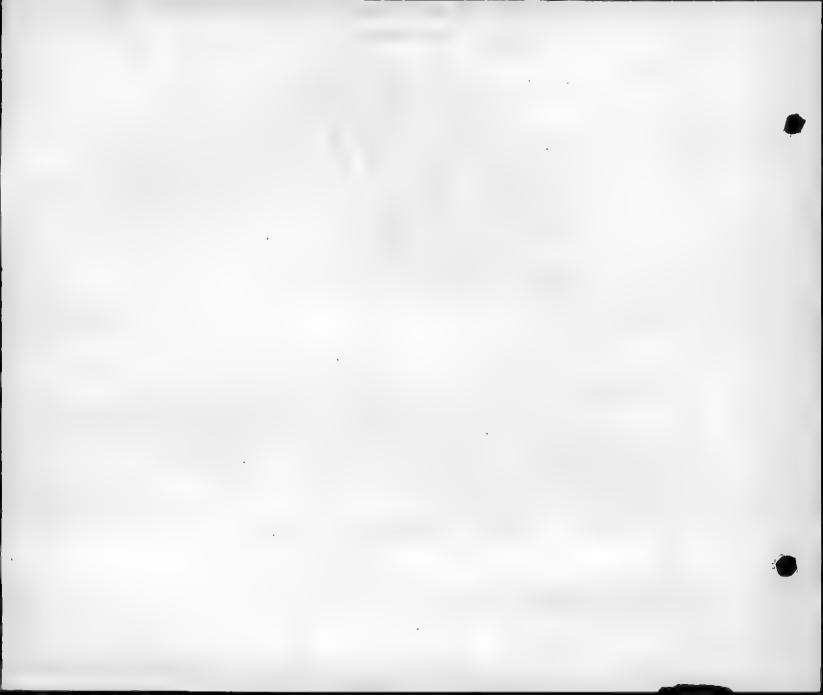
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23. FUNERAL DIRECTOR'S SIGNATURE

Luxurd and 1 or 36 %

Suter-Rouzer Funeral Home





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CERTIFICATE OF DEATH

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	6001	CEKHIFIC	AIE OF DEAIR	<u> </u>	Reg. Dist. No.
1. PLACE OF DEATH , o. COUNTY	Washington	MARYLAND	2 USUAL RESIDENCE (Who a STATE Md •	ere deceased lived If institution b. COUNTY	n. Residence before admission)  Wash•
b CHY OR TOWN (I RURAL and give no Hagersto	if outside corporate limits, write carest town) WID,	50 years	E. CITY OR TOWN (IF of	itside corporote limits, write RE	JRAL and give nearest town)
OR INSTITUTION	AL (If not in hospital, give street on County Hos	_	d. STREET ADDRESS 719 Sp:	ruce St.	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mary Ma	rgaret	Green	4. DATE Mont	= *
5. SEX Female	6 COLOR OR RACE 7. MARR White WIDOWE	DIVORCED	8. DATE OF BIRTH Oct. 27, 18	9. AGE (In years lost birthdoy) 82 yrs.	Months Days Hours Min
10a USUAL OCCUPATION during most of work House	DN (Give kind of work done 10b. king life, even if retired) Wife	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State of Frederick	county Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Joh	n Wauggman		Eva Utz		
	R IN U. S ARMED FORCES? 16.	SOCIAL SECURITY NO	INFORMANT	Addr	ess
tradition in planting	21	4-09-1696	Isiah H. Gre	en Hagersto	wn Md.
Conditions, if a gove rise to i cause (a), stating lying cause last.	mmediate ( DUSTO	1 your	CALLA SIS	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED YES NO
	MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art 1 or Port II of item 18.)	
20c. TIME OF INJUR Hour a. m. p. m	Y Month Day, Year 20d In While at work	Not while f	PLACE OF INJURY (Home, form, octory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify the alive on	attended the decease		h accurred at 5		that I last saw the deceased d on the date stated abave.  DATE SIGNED  2. 2.
BURIAL CREMATIO	2-25-60	22c. NAME OF CEMETERY ROSE HILL	OR CREMATORY Cemetery	22d. LOCATION (City, toyn, o	
23. FUNERAL DIRECTOR' Scott F.	s signature Minnich & So	n Hagersto			TRAR'S SIGNATURE Lithun 2. Thomas

death. Page 4 director Filed TO MOSTIVE.

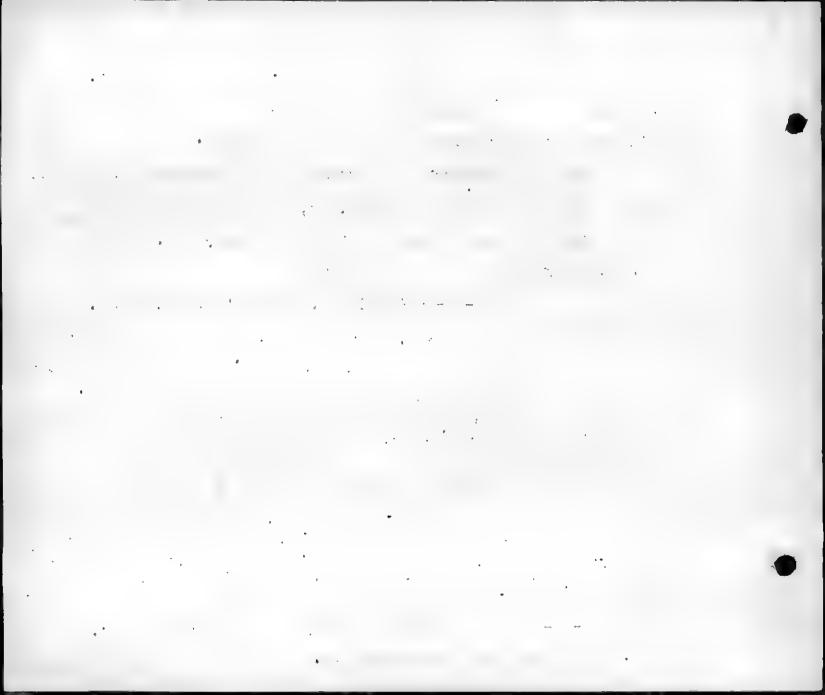
May be retain.

TO FUNKE ALD DIRECTOR: Attention and authoring physician.

TO FUNKE ALD DIRECTOR: Attention and authoring physician.

TO FUNKE ALD DIRECTOR: Attention and authoring physician and campletely filled in by the funeral page 3 should be derached for use as the burial-transit permit. Then please remaye carbert-papers. Pages 1 and 2 should be fine agistrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL VS A15 (4) 15M 9/58



02532

Reg. Dist. No.

ľ	a. COUNTY WAS	SHINGTON		MAI	RYLAND		o. STATE	MARYI			COUNTY				
	BURAL and give in HAGERS	f auts de carparate limi carest Jown)	its, write	LIFE	Y IN 1b	C.	c. CITY OR T	·	utside carpo		ls, write R	URAL and	give ne	arest taw	rn)
	d. NAME OF HOSPIT	AL (If not in hospitol, a LAND AVE	jive street	oddress)		1	d. STREET A		AND	AVE	•			ON.	SIDENCE A FARM? NO L
	NAME OF DECEASED (Type or print)	LILLIAN	st	MAE	lle	G	RIFF	TH	4. DATE OF DEATH	F	EB <b>RŰ</b>	ARY	Do	4	Yeor 19 60
S.	FEMALE	6. COLOR OR RACE	7. MARI	RIED NEVER MARI		8. DA	TE OF BIRTI	5/18E	36	9. AGE iast l	(In years pirthday) 4 yrs.	Manths Manths	R 1 YEAR Days	Haurs	Min
000	HOUSEW	DN (Give kind of work king life, even if retired IFE	dane 10b.	KIND OF BUSINESS HOME	OR INDUS	STRY		ACE (State		auntry)		12 CI1	U.S		COUNTRY?
13.	JOHN H	. GRIFFIT	Н			14	. MOTHER'S CATI	MAIDEN N HERIN	IE BU	RGU	R	LI A	CIPE	STO	AUNI
1S.		R IN U. S. ARMED FOR (If yes, give wor or dates of a		SOCIAL SECURITY N 215-20-9			IRS. I	MARGA	ARET	BAT	LM AN	ess El 41	<del>Net U</del>	MD.	
7	PART 1, DEA  334 X  Canditions, if a gove rise to it cause (a), stating lying cause last.	the under-		Cocch.	C	*	teno He s	unk	かたし	b		Y E	ONS	6 – A	ETWEEN DEATH
CERTIFICATION	20g. ACCIDENT WA	HER SIGNIFICANT CON	Pas:	73	8.62							EN IN PA	KI [[0]]	PERF	ORMED?
MEDICAL CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		NJURY OCCURRED	20e. PL/	ACE C	OF INJURY (I street, affice	Hame, farm,	, 20f. (Cit)				(Cou <b>nty</b> )		(State)
	ACTUAL SIGNATURE	at Lattended the	_, 12_ (c,	6 , and the	441	M.D.	curred at	75 West	ADDRESS (S	the co	uses an ar lown, ston	d an the state)		e state	
220		2/8/	)F	22c. NAME OF CEL ROSE	METERY O	R CRE	EMATORY		22d. LOCA	TION (C		ar county)	D	(Sto	ite)
23 	FUNERAL DIRECTOR	SSIGNATURE	1	ADDRESS_	four		The	24a. REC'E	BY REGIST	TRAR	24b. REGIS		GNATH	RE	

ir death. Page 4 TO HOSPITAL AS ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have per death. Page 4 may be ref. by the haspital or otherding physician.

TO FUNERAL DRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, page 3 shauld be defoched for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

0

VS A15 (4) 15M 9/58



		1	
FC HEA	OR ALT	S'	
L EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please T.	normalized to the Cine in American Examines. Some account was 100 to 100	ated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.	1

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4.1	FC	R	ST
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dy is a	Sineral	lale B	eath.
any de	tale ret	the 5	fter de
h. 1f. c	01 2 DI	2 with	OUTS C
r deat	Poor -	ond	in 72 h
rs ofte	Signal Signal	oges	1
24 hau	form f	File p	y even
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This	e wor	hould	burio
ME: L EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary please	and and	ge 3 s	ignated agent, prior to burial, cremotion, ar removal, and in any event within 72 hours after death.
EXAM	ed to	R: Po	ent, p
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ME	o co	I Di	gnat

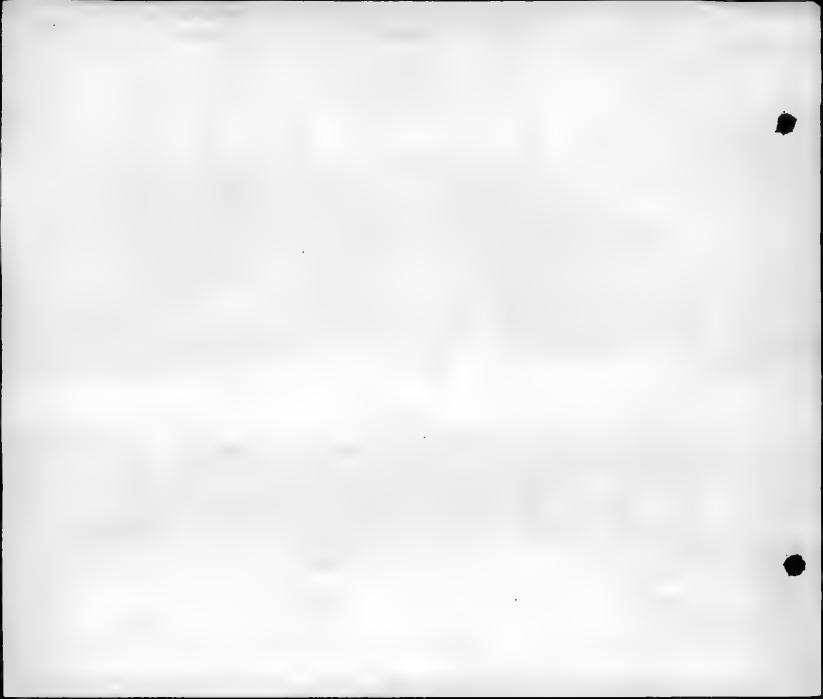
to DEPUTY execute the 4 should b TO FUNERAL VS. ATSME

2614 ATE DEPT.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02503 Reg. Dist. No.

	1. !	LACE OF DEATH				2 USUAL RESIDENCE (	Where deceased liv	ed. If institution Reside	ence before admission)
	·		SHINGTO	Δí	MARYLAND	O. STATE MAKE	LAND	b. COUNTY \ \/AC	HUNGTON _
	Ь	CITY OR TOWN (If a			C. LENGTH OF STAY IN Th			limits, write RURAL onc	give neorest town)
	N	FAR LEIT	FIREBUKO	h an	10 DAVS	X MADI	LEVILLE		
					pital, give street address)	d. STREET ADDRESS			e IS PES DENCE
,		BROOK L	ANE	MARA		MAIN	ST.	- 10.00 Mar.	AEZ NO D
	3 1	NAME OF DECEASED	F	irst	Middle	Lost	4. DATE OF	Month	Doy Year
	(	Type or print)	JOHN.		H. GRO	55	DEATH (	EBRUARU -	17. 1960
	5. \$	EX	6 COLOR OR RAC	E 7 MARRIE	D X NEVER MARRIED 0 8	DATE OF BIRTH	9 AC		TYEAR IF UNDER 24 HRS
	Λ	MALE	WHITE	WIDOWED	DIVORCED	JUEUST - 25-1		2 yrs Months	Doys Hours Min.
	10a.	USUAL OCCUPATION	N (Give kind of wor	done 10b. K	IND OF BUSINESS OR INDUST		ar fareign country	) 12. CITI	ZEN OF WHAT COUNTRY?
1	ľ	FARME		AW	IN FARM	BENEVOLA	INACH.	20 NID. U.S	S <sub>2</sub> -18 s
	13.	FATHER'S NAME	134		7.515.13	14. MOTHER'S MAIDEN I		and the state of the	2/723
/		C. EARC	E E Col	7199		SARAH	E. M	V 5 126	
	15.	WAS DÉCEASED EVEL	R IN U. S. ARMED F	ORCES? 16. S	SOCIAL SECURITY NO 17 IN	IFORMANT		Address	· · · · · · · · · · · · · · · · · · ·
	₹¥aı,	na. er unknawn)	If yes, give wat at dates		8-07-7771 M	RS. ANNA C	DACC	MAPLEYIL	r Min
		18. CAUSE OF DEATH	I [Enter only one o	me and and the time		Variative T	* 17.027	MINATIFIE	TINTERVAL BETWEEN
		PART I, DEATH	WAS CAUSED BY-	(	7	/	. /		ONSET AND DEATH
ĺ		0011	MMEDIATE CAUSE		Tanger of	e is so the	<u> </u>		April to
	Н	7/4	DUE TO	0	1.				(0 b) co
		Conditions, if an gave rise to immedi	ofe couse	p)	Many ing				-
		(a), stating the us		0					
	,		9 SICNISICANT CO	NIDITIONS CO	NTRIBUTING TO DEATH BUT N	OT ALL LYEN TO THE YEAR	IN LAND COURT AND COM	Introduction of the second	
_	흔	U. 1'AC		Dichor	1 1/1 ./		INALDISEASE CON	IDITION GIVEN IN PAR	PERFORMED?
)	2			4					YES NO .
	CERTIF	PRIMARY () or CON' CAUSE OF DEATH.	TRIBUTING	206 DESCRIBE	HOW INJURY OCCURRED (E	nter nature of injury in For	I For Part II of ster	m 18 }	
	3	20c. TIME OF INJURY	Month, Doy, Y	eor 20d. Il	NJURY OCCURRED 200 PLAC	E OF INJURY (Home, form	n, 20f. (City or to	wn) (Cou	inty) (State)
	WEDICAL	Hour o, m.	19	While		ry, street, office bldg., etc	)	,	,, ,, ,,
	2	p. m.			emains described abar	ve held an Autone	·	sia Malani	
							-	-	Total Control Control
	Н	opinian death r	esulted fram:	Natural co	auses [], Accident [	T' Sniciae [4]	riamiciae [_],	Undetermined n	nanner 🔛
		ACTUAL >	i (	1.	: iH. —	CHIEF MEDICAL P	V A C LOS AND TO		DATE SIGNED
		SIGNATURE C	-Un with	COR	1//0=://	M.D. CHIEF MEDICAL EX	_		aliat.
		EXAMINER'S NAME (Type)	Lward	- W -	D: 40 TIT. 18	ASSISTANT MEDICAL  DEPUTY MEDICAL			3/19/60
	220	BURIAL, CREMATION	1, 226 DATE THERE	OF I	22c. NAME OF CEMETERY OR			(City, town, or county)	(Stote)
		REMOVAL (Specify)	FER 2	0.1960	BOONSBORG	CEMETERY	10		
	23.	FUNERAL DIRECTOR'S		1.4001	ADDRESS	240. RE	FR E 32189	246 REGISTRAR'S SIG	
10		John 4	1. What	15	DOONSBORD A	AD. DATE	En 7 3 , 60	Clithun &	



2533	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND 2.	usual residence (Where deceased live a. STATE Maryland	b. COUNTY Washington
b. CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	F7 **	limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Washington County Hos	oddress)	d. STREET ADDRESS	AVe. S RESIDENCE ON A FARM?
3. NAME OF First	ola Grov	Losi 4. DATE OF DEATH I	ebruary 9 19 60
Female White WIDOWE	D DIVORCED T	eb. 23, 1888 7	GE (In years of the part of th
10o. USUAL OCCUPATION (Give kind of work done 10b. K during most of wpd.ing life, even if retired)  13. FATHER'S NAME	Own Home	Big Spring  4. MOTHER'S MAIDEN NAME	y) 12. CITIZEN OF WHAT COUNTRY?
Lewis Dougherty		Laura Shar	ık
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give with or dates of service)		M. Grove Hage	Address Md.
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	re for (a), (b), and (c).]	rotic Heart	Judane Syns
Conditions, if any, which gove rise to immediate cause (a), stating the under lying couse last. (b)			
PART II. OTHER SIGNIFICANT CONDITIONS CO		of related to the Terminal D sease Co	ONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES \( \text{NO.} \) NO \( \text{Q} \)
200 ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY &CCURRED. (E	Enfer nature of injury in Port I ar Part II a	fitem 18)
To 20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not white foctory	OF INJURY (Hame, form, 20f. (City or ty, street, office bldg., etc.)	own) (County) (State)
21. I certify that I attended the decease alive an FLL 9 , 19 (		1948, to	, 1960, that I last saw the deceased causes and an the date stated abave.
ACTUAL SIGNATURE ROSCOT UL CON	uphell M.D	145111 111066	city or town, stote)  In 9 Ton ST 2/12/6
PHYSICIAN'S Robert V.L. Ca	ampbell	Hagerstown	Md
ZZG. BURIAL, CREMATION, PEMOVAL (Specify) BUTIAL  Z-12-60	22c. NAME OF CEMETERY OR CE	metery Near	[City, tawn, ar county] [State]  Learspring Md.
23 FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son	ADDRESS	24g. REC'D BY REGISTRAR	
Scott F. Minnich & Son	Hagerstown	Md. DATE FEB 1 5 '60	arthur S. Kraus

TO HOSPITAL OR ENDING PHYSICIAN: The low requires that the digith certificate be executed within 24 haurs offer any part of may be retained to hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remain papers. Pages i and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any evert within 72 hours after death. VS A15 (4) 15M 9/58

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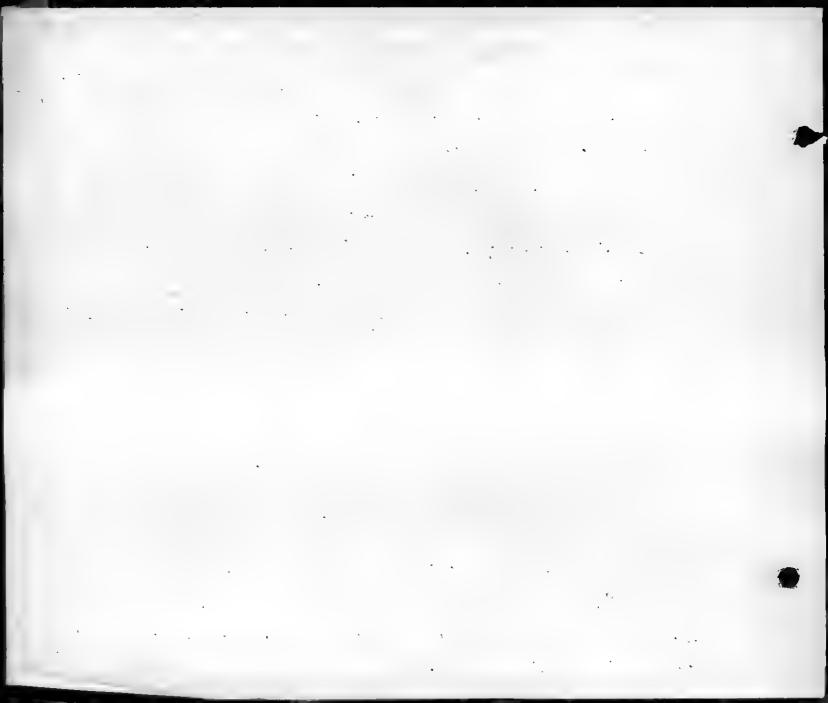
### CERTIFICATE OF DEATH

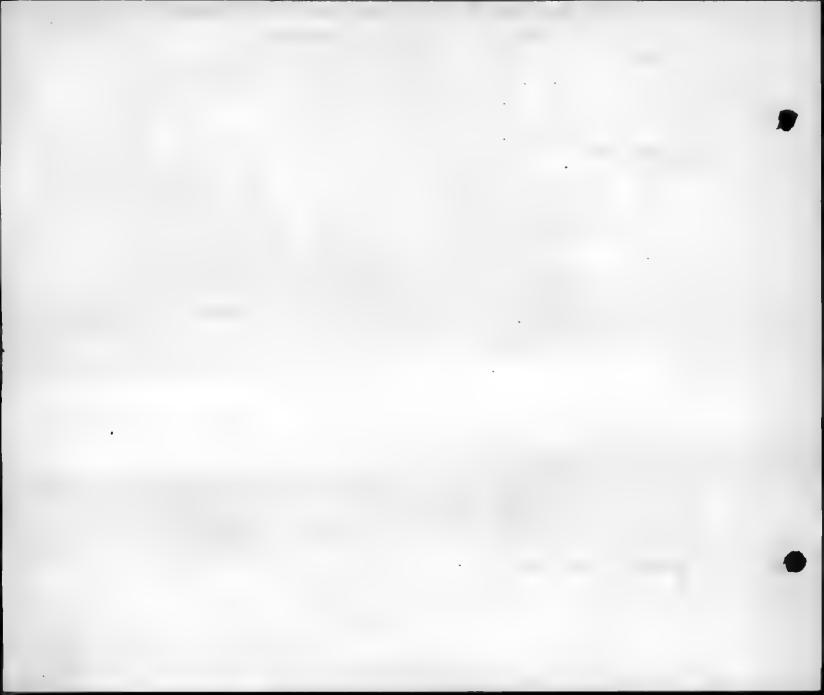
		<u> </u>	CERTITION	TIE OI DEATH	Reg. D	ist. No.
	1. (	PLACE OF DEATH COUNTY CUAShington	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution Resider	mce before admission)
		CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest lawn)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	autside corporate limits, write RURAL and	give nearest town)
		d. NAME OF HOSPITAL (W not in hospital, give street of	101-8mos 2us	d. STREET ADDRESS	esboro :	e IS RESIDENCE
		William sport Sanit	arium	26 N.	Church St	ON A FARM? YES NO P
		NAME OF First BCC PAP	Middle	12-moue	4. DATE Month OF DEATH February	Day Year 1960
	5. 5			B DATE OF BIRTH	9. AGE (in years of UNDER	Days Hours Min.
	10a	Male Cuhite WIDOWE . USUAL OCCUPATION (Give kind of work done 10b.		September 23		DIZEN OF WHAT COUNTRY?
		during Hoss of working life even if setired)  The transfer of the community of the communit	lg.	521	burg, Maryland	4.5.A
		D= 1 Pt 11 - ()	OVE	Maxu F	Snivelu	
/		WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. 16. 16. 17. Or Unknown)  (If yes, give war or dates of service)	SOCIAL SECURITY NO.	nformant Hours	SRIN Strave 11/a	une store f
		1B CAUSE OF DEATH [Enter only one couse per lin	ne far (a), (b), and (c) ]	1	, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ardiac d	Sivest		ONSET AND DEATH
		£93× DUE TO	1			
		Conditions, if ony, which ) (b) Co.	lomerulo	uphint	B	3 mgs
		gove rise to immediate DUE TO			_	
		lying couse last. (c)				
-1	NO.	PART II. OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN PAI	RT I(o) 19 WAS AUTOPSY PERFORMED?
	CAT	Atherselevair	+ Foul	a Ga	raceme	YES NO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING 1 GAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RINE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I of item 18)	
	MEDICAL	Hour o.m. While	NOT While at work	ACE OF INJURY (Hame, fare tory, street, office bldg, el	n, 20f. (City or town)	(County) (State)
		21. I certify that I ottended the decease	ed from Higo	1958, to	19 6 Ahat I le	ost saw the deceased
		alive on Jan 27 , 196	o, and that death	occurred at 8 3 H	_M, from the couses and on th	e dote stated above,
		ACTUAL SIGNATURE MEYOL	when	mo 250	ADDRESS (Street, city or town, stote)	2-2-6
1		PHYSICIAN'S M. E. B.	erKit	Willi	ams port	Md.
	220	BURIAL, CREMATION, 22b. DATE THEREOF, REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county)	ranklia ( Pa
	23	EMYERAL DIRECTOR'S SIGNATURE	ADDRESS	/ /	D BY REGISTRAR 246 REGISTRAR'S SI	GNATURE
	1	Miller & Ither	JRYMestor	O, Va DATE F	EB 5 160 arthur	thous

TO HOSPITAL ATTEMBING PHYSICIAM: The law remuisment the death certificate be executed within 21 hours after death. Page 1 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A1S (4) ISM 9/58

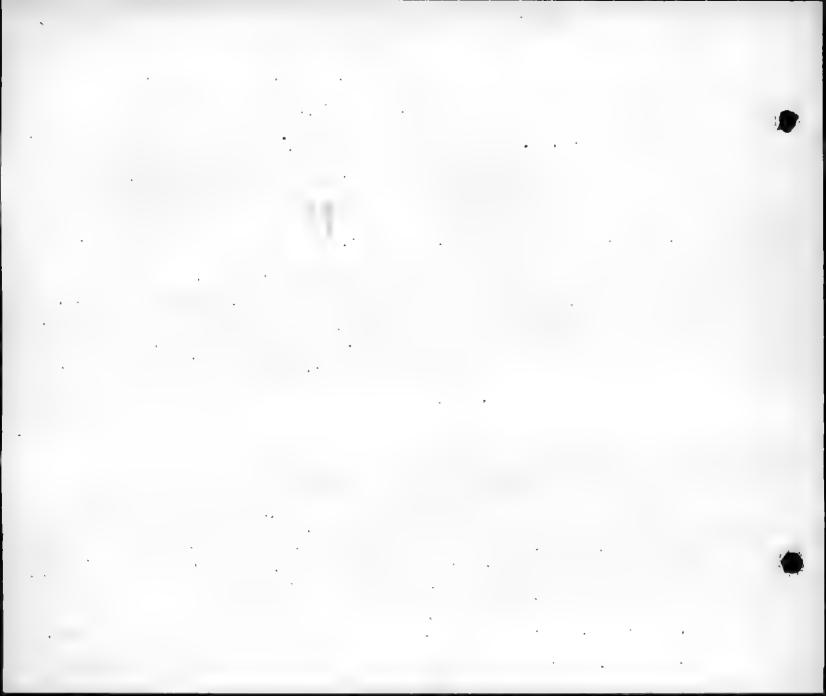




TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retaine—— the hospital or attending physician.

TO FULTRAL DIRECTOR: After this certificate has Been signed by the attending physician and camplet page 3 should be detached far use as the buriol-transit permit. Then please remaye corbon papers. VS A15 (4) 15M 9/58

13		PLACE OF DEATH					2 USUAL RESID	ENCE (When	e decease	d lived If ns		Residence be	fare admis	sion)
( M )		"ashing	ton		MAKT	LAND		yland		"ash:	ng	ton		
		RURAL ond give ne	Fautside corporate limi oreșt town)	ts, write	c. LENGTH OF STAY		10		•	rote limits, wr	ite RUR	AL and give n	earest tow	n)
		Hajer			3 Wee	KS		gerat	ioan	,				
3 .		d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g		address)		d. STREET AL		-				e. IS RE	FARM?
3.7		Jackson	Conv. Ho	me			139	His	St					NO 1
		NAME OF DECEASED	Fir		Middle		Last	4	4. DATE OF	77 1	Manth		Ооу	Yeor
		(Type or print)	SUSIE		FLORENCE		HAIBY		DEATH	Feby	19	1960		19
	5 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🔲	B. DATE OF BIRTH			9. AGE (In y lost birthd	eors II	UNDER 1 YEA		
		Fenale	White	WIDOWI	ED 🛣 DIVORCE	D 🗆	Aug 21	1884		75	yrs.	Months Doys	Hours	Min.
Ę	10o	. USUAL OCCUPATION during most of work	N (Give kind of work a ling life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLA	ACE (State or	fareign c	ountry) P	ويث	12. CITIZEN		COUNTRY?
death		Housewhf	-		wn Home		elsh	Run F	Fran	klin (	Co	1	JSA	
13. FATHER'S NAME  John pinganan  Alice O. Lurray														
in on		WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	- 1	NFORMANT				Addres	\$		
	(Yes	s, no, pr unknown)	(If yes, give war or dates of s	ervice]	None	2 m	rs Anni	e Bal	rtle	s Lau	zun.	sville	3 मन्त्रे	•
£ _	_	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).	] ,	m						TERVAL B	
×		PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (c	1	Cubral		Hason	-					19 1/2	PECVIN
ten		450	DUE TO				1				-			
Σ		Conditions, if o	ou which )	/	1	~ ~	lend	5 1/2		1	-		6 62	
0		gove rise to i	mmediate Dus TO		a service of	4			1100		-			
5		tying couse fost.	the under-	1	Nichar	e							is di-	-
puo .	Z O	PART II. OTH	ER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMINA	AL DISEAS	E CONDITION	N GIVEN	N PART 1(0)	19 WAS	AUTOPSY
	CAT					_							PERF	DRMED?
	CERT FI	20g ACCIDENT WA	S UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in Po	rt Lor Por	t It of item 18	.}			
ō		(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
to to	MEDICAL	20c TIME OF INJUR	Y Manth, Doy, Ye		NJURY OCCURRED	20e. PL	ACE OF INJURY (Factory, street, office	tome, form,	20f. (City	or tawn)		(Count	y)	(Stote)
e 30	MED	p, m,	19	While of war	k ot work	-		oregi, cici,						
		21. I certify th	at I attended the	deceas	ed fram	5-	60 19	, to	-19-	-6°19	th	at I last so	w the d	leceased
2.		alive an	7-18-6	019	and that	death	accurred a	155 PM	A. fram					
ñ o					~w/					freel dily or				E SIGNED
<u>.</u>		ACTUAL	( Ser.	20	ello )		MD OS	1-9	en	hours o	The	Sec.	2/3	1.1
ă /					2/1/-			1					/ /	100
the registrar priar to burial		PHYSICIAN'S NAME (Type)	DFW	-77	11/01	7-m 		·						
e Bil	220	BUR AL CREMATIO	N, 22b DATE THEREC	)F	22c. NAME OF CEM	ETERY O	R CREMATORY	2	2d LOCA	TION (City, to	wn, or	county)	(Sta	te)
e		REMOVAL (Specify)	2/23/60	Ç	Dunkard	den.e	terv		Broa	dford	in-	"d.gh	Go	d
	23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			24a. REC'D				RAR'S SIGNAT	URE	
		A drew K	. Coffnat	n Ha	gerstown	ı.d.		DATEFER	2 4 '6	0	ant	wor & the		



7 6 -4 7

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02539 253€ **CERTIFICATE OF DEATH** Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) 1. PLACE OF DEATH COUNTY **b.** COUNTY b CITY OR TOWN (If outside corporate limits, write CITYOR TOWN (If outside aproporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 RURAL and give nearest d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES 🔲 NO 🏗 NAME OF 4. DATE Middle Year DECEASED OF (Type or print) 3 1960C 5. SEX 6. COLOR OF RACE, 7. MARRIED TO NEVER MARRIED 9. AGE (In years last birthdoy) IF UNDER A TEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Dovs Hours DIVORCED [T] WIDOWED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLAGE Stote or foreign country 12. CITIZEN OF WHAT COUNTRY? gring most of working life even if retired) 18. FATHER'S NAME I. MOTHER'S MAIDEN NAME WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMAN' Address 18. CAUSE OF DEATH [Enter only one couse per line for (q),-(b) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which ! gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO 🗷 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not while at work at wark 21. I certify that I attended the deceased from \_\_\_\_\_\_ 1960 ...that I last saw the deceased and that death accurred at 2/5/1/M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) C 276. DATE THEREOF 220 BURIAL CREMATION, 22c. NAME OF SEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) MOYAL (Specify) Q

ADDRESS

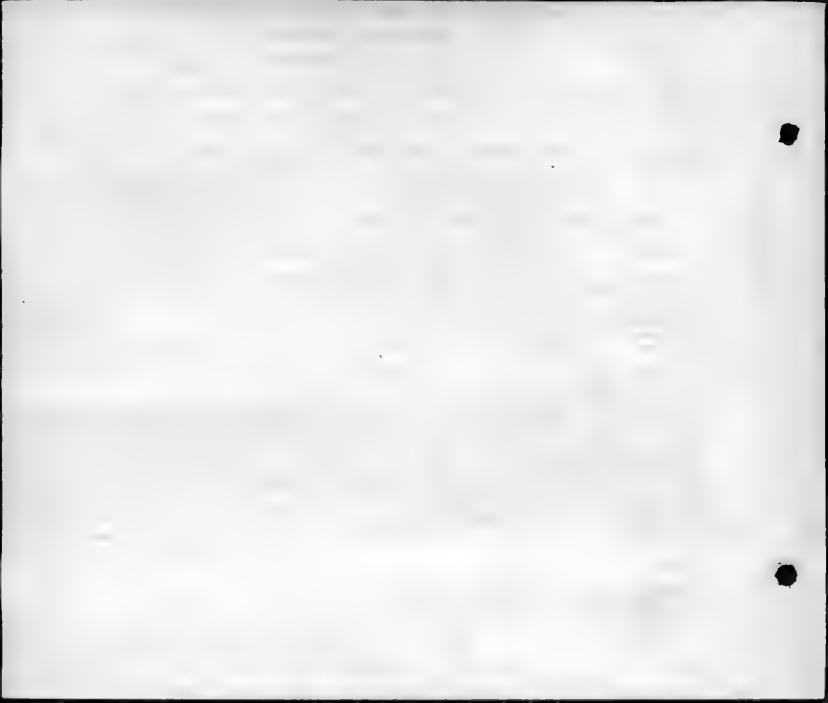
24g, REC'D BY REGISTRAR

FEB 1 8 '60

24b. REGISTRAR'S SIGNATURE

arihur & Hours

VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director funeral 24 5

be executed

filed

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should

Filled Pages comple **Sep** puo carbon offer o 6 physici move attending permit. signed **buriol-transit** hos FUNERAL DIRECTOR:

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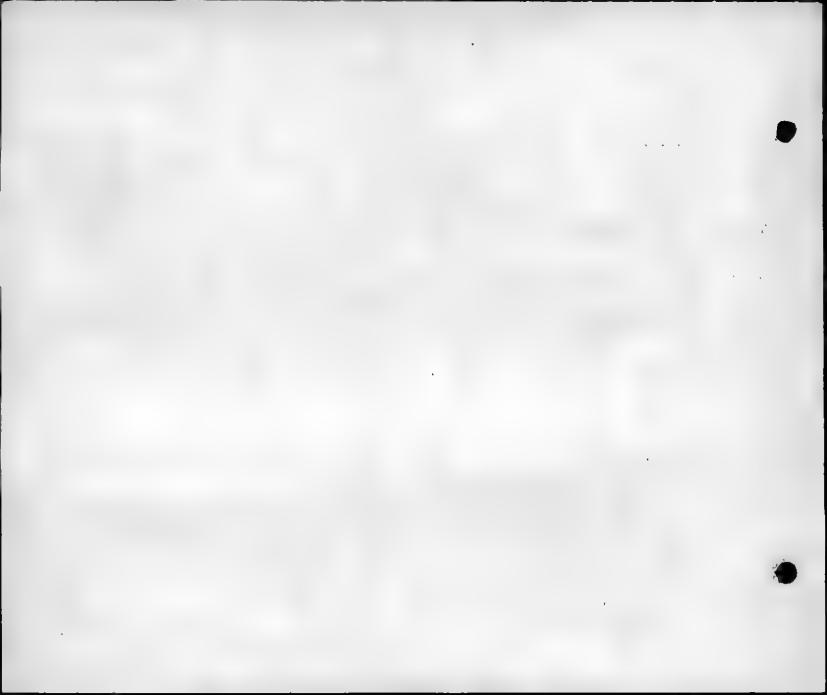
VS A15 (4)

15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

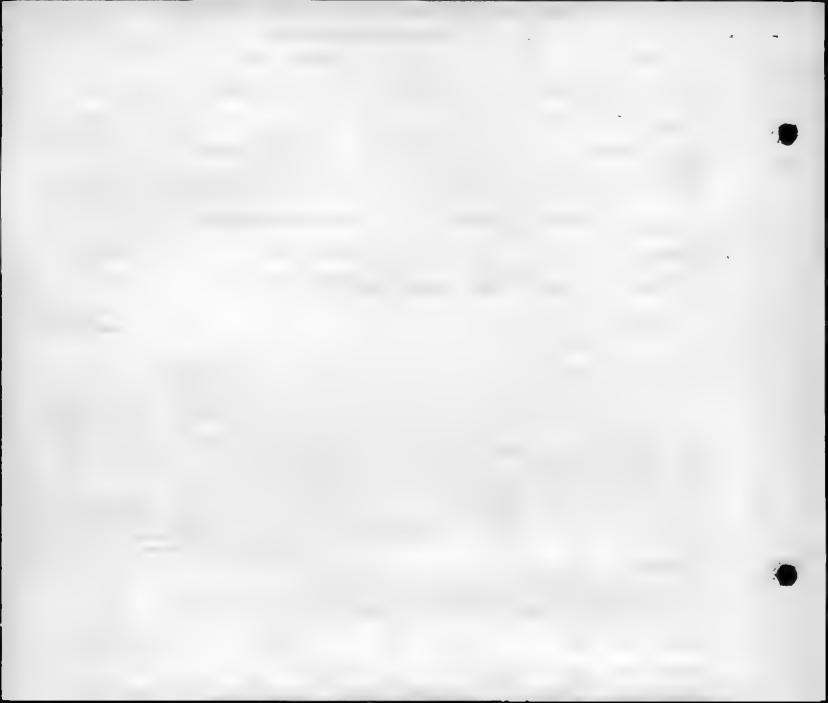


	2616 CERTIFIC	ATE OF DEATH	Reg. Dist. No. ()2543
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institute o. STATE b. COUNT	
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)  RURAL ond give nearest town 3 4 5	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
	or INSTITUTION  Alchonite Tome Helder Ville	West Madson St	•. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First / Middle DECEASED (Type or print)	Hilscher DEATH Febr	onth Day Year William 18 1960
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. Date OF BIRTH  March // 1872  9. AGE (in year lost birthday)  yr	s. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during mast of working life, even if retired)  Black Shift  Black Shift	Franklin G. Fa	12. CITIZEN OF WHAT COUNTRY
	Unable to obtain	Unable to Obt	fain
	(Yes, no or unknown) (If yes, give infer or dorest of service)	alet f. Davis RD#	Haustin, Hrd
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	il degeneration.	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gove rise to immediate (b) Canterior - 5:	derote hyperter	with Eyean
	cause (o), stating the under- lying cause last.	ascular offsear	
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200 ACCIDENT WAS UNDERLYING 1206 DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFEY MEDICAL EXAMINER)	DI NOI KELATED TO THE TERMINAL DISEASE CONDITION G	PERFORMED? YES NO
		PLACE OF INJURY [Home, form, 20f (City or lown)	
	Hour a. m. p. m.  19 While Not while of work of work	foctory, street, office bldg., elc.)	(County) (State)
	21. I certify that I attended the deceased from 12 and that deal		and on the date stated above
	SIGNATURE VILLIAGU Y GUENON	ADDRESS (Street, city or town	n, state)  DATE SIGNE  18-6
	PHYSICIAN'S WILLIAM A CLUENON  20. BURIAL CREMATION (2) DATE THEREOE IN MANY OF CRUSTORY	Breencotte, .	Essona
	220. BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY, REMOVAL (Specify) 2/20/968 20. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	11 Jam Hagorstown	(State)
	Attentel Mi Zemmeran Greenens	DATE FEB 2 3 '60	worms & Traces

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retormed by the hospital or altending physician.

TO FUNERAL EXTOR: After this certificate has been signed by the attending physician and completely filled in by the finderal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

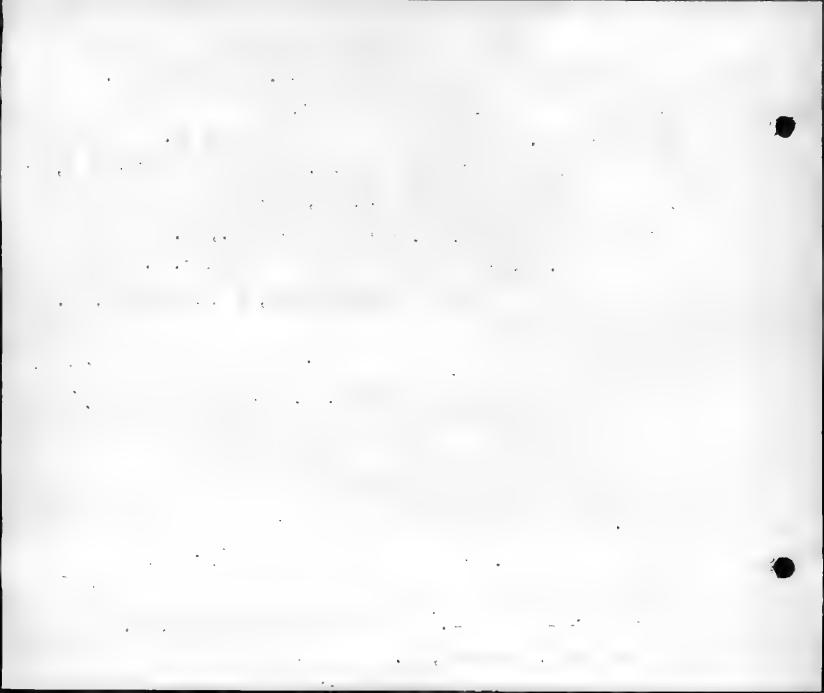
VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



death. Page 4	neral director,	d be filled with	H
TO HOSPITAL TITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and death. Page 4	may be retail by the haspital or attending physician.  TO FUNERAL INTECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the required paid to burial cremation or removal and in any event within 72 hours offer Bank.	×
be executed with	n and campletely	arban papers. Pa	
death certificate	attending physicia	please remave a within 72 hours a	
requires that the	an. n signed by the o	isit permit. Then	
ICIAN: The law	attending physici rtificate has been	as the burial-tran	
TENDING PHYS	If the haspital ar attending physician.	etached far use a burial cremative	
HOSPITAL THE	may be retail	age 3 should be detached for use as the burial-transit permit. Then please remove carbon pap ne reastron prior to burial, cremation, or removal, and in any event within 72 hours after Denth	
5	10 E	Q t	

VS A15 (4) 15M 9/58

L	<u> </u>	CERTIFICA	AIE OF DEAI	H	Reg. Dist. No.					
1	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	h COUNT	tion: Residence before admission) Y Wash.					
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Hagerstown	c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL and give nearest town)					
	d. NAME OF HOSPITAL (If not in hospital, give street or institution 924 Chestnut St.	address)	d STREET ADDRESS	Chestnut St.	e. IS RESIDEN ON A FAR YES NO	SWS.				
3.	NAME OF DECEASED (Type or print) Samuel First	Linnaeus	Hoover	4. DATE MO	February 3					
5.	amel 6. COLOR OR RACE 7. MARI		June 6, 18	9 AGE (In year day birthday)	Manths Days Hours A	HRS Win				
10	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retured)	kind of Business OR INDU eteran burea	_ ` .	e or foreign country) ck Co., Md.	12, CITIZEN OF WHAT COUN	ATRY?				
13	John W. Hoove	r	14. MOTHER'S MAIDEN NAME Sarah A. M. Oswald							
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 es, no or unknown) (If yes give wor or dates of service)		hn William	s, RFD, Hage	erstown, Md.					
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	ne for (o), (b), and (c).]			INTERVAL BETWE					
	Conditions, if ony, which gave rise to immediate cause (a), stoting the under-	Carcinin	Fire Territoria	tele .	1 year	4				
FICATION		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CONDITION G	IVEN IN PART I(a) TO WAS AUTO PERFORME YES NO	D?_				
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18)						
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. II Hour o. m. 19 . While of wor	Not while fa	ACE OF INJURY (Home, for ctory, street, office bldg., e		(County) (	Stote)				
	21. I certify that I attended the deceased fram 6 / , 189, to 2 - 3 - , 190, that I last saw the deceased alive on 2 - 2 - 0 , 19 , and that death occurred at 2 M, fram the causes and an the date stated above.  ADDRESS (Street_city or town, stote)  DATE SIGNED									
1	ACTUAL SIGNATURE SIGNATURE	The same of the sa	M.D.	ADDRESS (Street city or town	1, store)	- NEU				
	PHYSICIAN'S TOF WI	17709		. 1	// 69					
	Burial, Cremation, 22b. Date thereof 2-6-60	Mt. Olivet		Frederick	Md.					
23	Funeral director's signature  Clarence Carty. Fred	ADDRESS			GISTRAR'S SIGNATURE					
	Clarence Carty, Fred	erick, Md.	DATE	9 160 0	thur S. Fernich					



Andrew I. Coffman H gerstyon Ld.

e. IS RESIDENCE

ON A FARM?

YES NE NE

19

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stote)

(County)

Cothun S. Flines

DATE

YES NO F

(Stote)

Months Days

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Rea. Dist. No.

Month

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



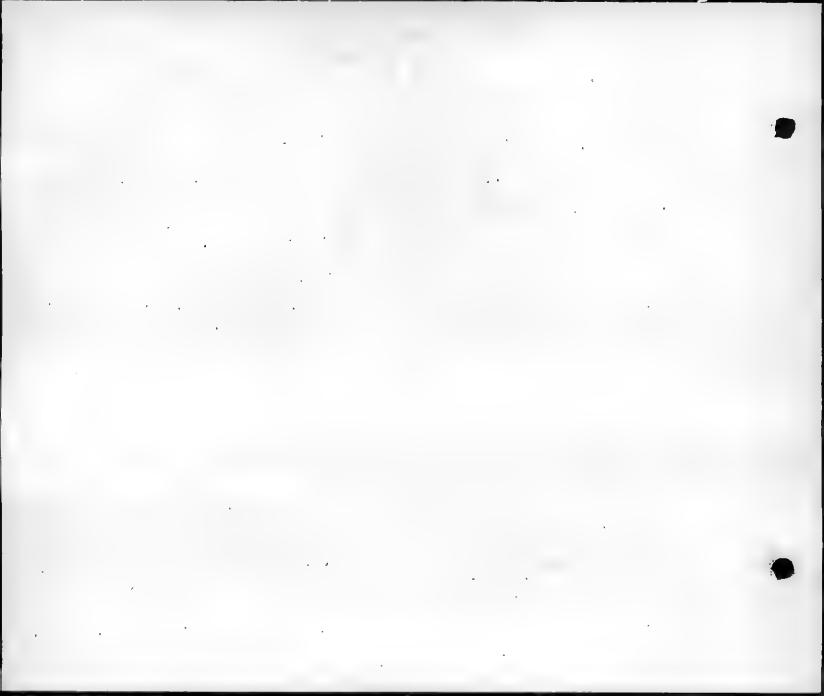
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2541 CERTIFICATE OF DEATH

(125±7

1. PLACE OF DEATH a. COUNTY a. Shi	ngton	MARYLAND	2. USUAL RESIDENCE (V a STATE ] - arylan		b. COUNTY	n Residence befo	re admission)		
b. CITY OR TOWN RURAL and give	<ul> <li>(If outside corporate limits, write nearest tawn)</li> </ul>		c. CITY OR TOWN (IF	•	limits, write RU	JRAL and give nec	arest town)		
	erstown	l Teek		rstown					
OR INSTITUTIO	SPITAL (If not in haspital, give str SN Ounty Hospita		7 Winte	r St			ON A FARM? YES NO X		
3. NAME OF		Middle	1-1	4. DATE	144		V		
(Type or print)	LARY F	LLET HOT	ISE Last	OF DEATH	Feby	15 196			
S. SEX	6. COLOR OR RACE 7 N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. /			IF UNDER 24 HRS		
Female	hite wo	OWED DIVORCED	Sept 7 18	91	ost birthiday) 68 yrs.	Manths Days	Haurs Min.		
during most of w	varking life, even it retired)	106, KIND OF BUSINESS OR INDU					F WHAT COUNTRY?		
13. FATHER'S NAME	Housewife Own Home Telsh Run Franklin Co USA								
Τ.	erry Proverd		2.1	et Gran	g				
74 1 11		16 SOCIAL SECURITY NO	INFORMANT	0 0 - 2 (020)	Addre	ess			
(Yes, no, or unknown)	(If yes, give war or dates of service)		enn R. Tis	hard 74	6 ***. **	ashing	ton St		
Canditions, it gave rise to cause (a), statillying cause la	ng the <u>under-</u> DUE TO	Parte Con	onery s	Ansuf	Lecre	nay ,	1 de		
CATIC	OTHER SIGNIFICANT CONDITIO	ns <u>contributing to death</u> bu	T NOT RELATED TO THE TERM	MINAL DISEASE CC	INDITION GIVE	EN INVAKT I(a)	PERFORMED?		
OR CONTRIBUTION	WAS UNDERLYING [] 20b. NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	n Part I ar Part II c	if item 18.)		•		
WE OF INJ. Haur a. r	m. IB W		LACE OF INJURY (Hame, far actary, street, affice bldg., e		tawn)	(Caunty)	(State)		
alive an	SIGNATURE M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D								
PHYSICIAN'S NAME (Type)	EARL YOU	455	HACE	RETON	UNL	10			
REMOVAL (Spec	TION, 22b. DATE THEREOF	Dunkard Ce	or crematory	Broad		r county)	(State)		
23 FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR		TRAR'S SIGNATU			
Andrew	K. Colfman A	reratown .d.	DATE ,	CD 1 7 100		. 0 1			



TO HOSPITAL OF

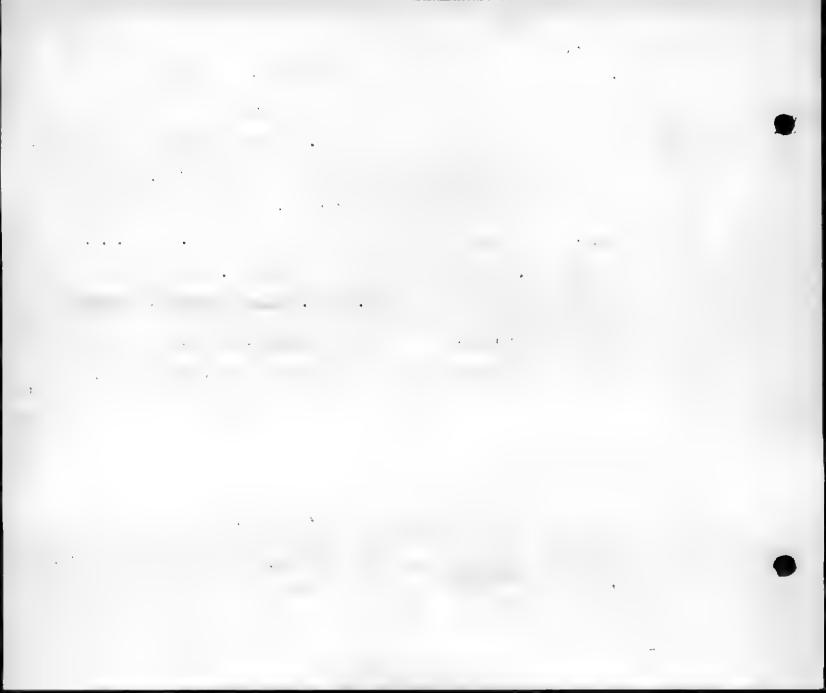
VS A15 (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2542

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 302 48

Ī	PLACE OF DEATH o. COUNTY Washington		MARYLAN	o, STATE	ence (wi		lived If institution b COUNTY		nce befo		101)
İ	b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c LENGTH OF STAY IN 1	c. CITY OR 1	OWN (IF	outside corpor	ate limits, write R	URAL ond	give ne	arest town	)
	Hagerstown 5 months			02 F	6? Hagerstown						
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET A	d. STREET ADDRESS e. IS RESID						IDENCE FARM?	
	Martin Manor Nursing Home		150 S.	Mull	berry S	Street				NO X	
3	NAME OF DECEASED (Type or print) CLAR	First ENCE	GARFIELD	KEEDY		4. DATE OF DEATH	Februar		Do	,	1960
5	S SEX 6. COLOR OR RA	CE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTI	-		9. AGE (in years	<del></del>	R 1 YEAR	IF UNDE	R 24 HRS
	Male White	WIDOWI	ED NORCED	Septembe	r 8,	1882	77 yrs	Months	Days	Hours	Min
	60. USUAL OCCUPATION (Give kind of w during most of working life, even if re Retired clerk	tired)	kind of Business or in punty Tax Off	ice near	Keed;	ysville			S.A		OUNTRY?
ľ	3. FATHER'S NAME		_	14. MOTHER'S							
Į.	Josephus			INCORMAND.	Mai	rtha A.	Keefhau				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (If you give wer or dates of service)  Mrs. Mae K. Baker Frederick, Ma											
-	no			Mrs. Mae r	re nati	Kel I	rederica	l'Id			
Т	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH										
ı	PART I DEATH WAS CAUSED BY: Abdominal Aprile Angurysm , 3 mo										
Т	451 X DUE TO										
Т	Conditions, if ony, which) (b) Hy Partengive Vege diserie 4/11.										
Т	gove rise to immediate couse (a), stating the under-										
Т	lying couse lost.   Ca Artario & Clarelly - ganeral. 4771. T										
101445	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										
1	YES NO NO										
70.07	OR CONTRIBUTING CAUSE OF DEATH  [IF EITHER, NOTIFY MEDICAL EXAMINER]										
1000	Hour o.m.	Year 20d, 17 While of wor	Not while	PLACE OF INJURY ( foctory, street, office			or town)		(County)		(Stote)
	21. I certify that I attended	the deceas	ed from ACr	1954	1, to_E	11-11	1960,	that I le	ast sav	w the d	eceased
	alive on FSA. 6. 1960, and that death accurred at 7:30 M, from the causes and on the date stated above.										
	2/11/61) ADDRESS (Street, city or town, stote) DATE SIGNED										
	SIGNATURE TEN	- //	M/2	un 2 /	UN	& Bat	-0 1m2c	14	- 01	2/1	2_/6:
	No. 1										
	PHYSICIAN'S	1+ -	HCFF m	2 h	Hz	Ser	stowi	h ; }	nd	1	
2	20 BURIAL, CREMATION, 226. DATE TH	EREOF	22c. NAME OF CEMETER	OR CREMATORY		2 d. LOCATI	ION (City, town, o	or county)		(Stote	6)
	REMOVAL (Specify) Burial 2/13/1	960	Rose Hill C	emeterv		Hager	stown.		P	arvl.	and
2	3. FUNERAL DIRECTOR'S SIGNATURE Suter-Houzer Funera	1 Home	ADDRESS		24a. REC	LE BE BIR	AR 24b. REGIS	STRAR'S S			
1	A-tenhin rouse	T HOME	Hagerstown,	Maryland	DATE		00	arthur	8 4		
1			48-153-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							anie.	



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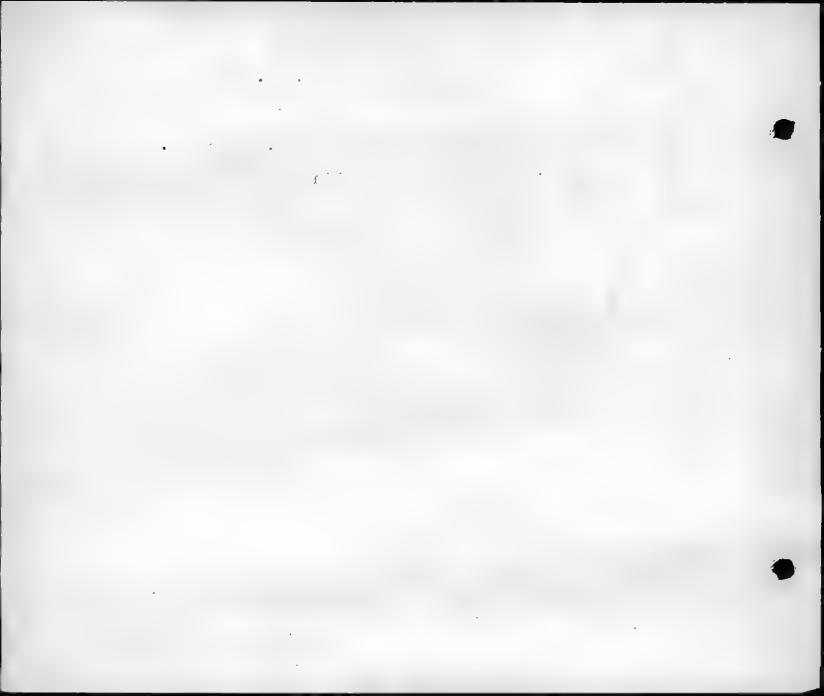
farwarded TO FUNERAL

VS. A15ME(5) 5M 9/55

DEPUTY



the death certificate



02551

funeral director, filed with

01/

attending physician and completely filled in by the funeral n piease remove carbon popers. Pages 1 and 2 shauld be may be retait, by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compage 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon pop the registrar priar to burial, cremation, or removal, and in ony event within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs TO HOSPITAL Q VS A15 (4) 15M 9/SB

1. PLACE OF DEATH  o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o STATE  1.arvland Washington
b CITY OR TOWN (If outside carporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
RURAL ond give necrest town) Hererstown 18 Hrs	
d NAME OF HOSPITAL (If not in hospital, give street address)	Hegarstown Hegarstown
OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
"ash County Hospital	413 Edgeroou Drive YES NEED
3. NAME OF First Middle OF STATE OF STA	PETSINGER  4. DATE Month Doy Yeor DEATH Feby 3 1960 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. lost birthday)  Months Days Hours Min.
Female White WIDOWED TXX DIVORCED 1	Dec 3 1882   lost birthday)   Months   Days   Hours   Min.
100 (ISHA) OCCUPATION (Give kind of work done 10b KIND OF PUSINESS OF INDIES	
during most of working life, even if retired)	Downsville Wash Co Ld. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cyrus Dellinger	Elizabeth "inters
	NFORMANT Address
	s Edna Hill 413 Edgewood Drive
18 CAUSE OF DEATH [Enter only one couse per line for (g/. (b), and (c) ]	HAMERYAL BETWEEN
PART I, DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (o)	- Haday
420.0 DUE TO	-t-1/-t(1)
Conditions, if any, which gove rise to immediate (the files of the state of the sta	ellean aseuse 1,40
couse (a), stoting the under-	
lying couse lost. (c)	
PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH	2. (Enter nature of injury in Part I ar Port II af Item 18.)
206. ACCIDENT WAS UNDERLYING () 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING () CAUSE OF DEATH () (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLA	ACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stole)
Hour o. m. While Not while foc	tary, street, affice bldg , etc.)
p, m, 19 of work at work	0 10/10
21. I certify that I attended the deceased from del 7	7, 19, to 2,3,60, 19, that I last saw the deceased
alive an <b>2/3/60</b> , 19, and that death	accurred at 6.0 M, fram the causes and on the date stated above
le and	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE SCOOL SCHOOL	40 148 M. Holomac St. 2/4/6
	A /
PHYSICIAN'S CEARLY NOUNCO	Aggerstown mc
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, fown, or county) (State)
REMOVAL (Specify)	enetery Esperstown Wash Cold
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Andrew K. Coffn n Hagerstown .d.	DATE FEB 8 '60 Criling S. Flines
	DAILT



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

02552

CERTIFICATE OF DEATH gente 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY h. COUNT MARYLAND SHIN GTOIN NASHINGTON CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town] AGERSTO WN ACERSTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE #d. STREET ADDRESS OR INSTITUTION ON A FARM? HOSPITAL SOUTH YES NO T ASH NAME OF First Middle Lost 4. DATE Month Yeor DECEASED (Type or print) DEATE 19 60 ANA THERINE AMAR EBRUARV 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX Months DIVORCED [ WIDOWED [ EMALE 12 CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) CIN 162 HOAW CLEICK DONS BORD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME EAKLE 500 C-ROVE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. AYE HAGERSTOVEN MD MRS. MAYWEL INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TH 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Stote) Day, Year factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m 1955 to Feb. 244 1960 that (1) (we) lost 21. I certify that (I) (this haspital) attended the deceased fram \( \( \lambda \) 19 60 and that death accurred at from the causes and on the date stated above saw the deceased alive an zelo. 22o SIGNATURE 22b, DATE SIGNED ATTENDING PHYS. STAFF MD DIRECTOR . 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d\_LOCATION (City town, or county) (State) REMOVAL (Specify) DONSBORD 25h, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR OCASBORO DATE MAR Cirting & House

Q) 9 30 by the and a 20 pup .5 filled Pages death and campletely papers. UCS R physician E L attending please the څ been signed by Intronsit permit. **burial-transit** physician ö certificate ATTENDING P by the haspital DixECTOR: After th

3

FUNERAL page 3 the State 0 VR A1S (4) 1SM 9/59

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VS A1S (4) 15M 9/SB

CENTIEICATE OF DEATH

02553

	2948	CERTIFICA	ATE OF DEA	In		Reg. Dist.	No.			
1. PLACE OF DEATH a. COUNTY V. A.S.F.I.T.	NGTON	MARYLAND	2. USUAL RESIDENCE o. STATE MAR	(Where deceased live	b. COUNTY	WASH				
b CITY OR TOWN (IF o	Usade carporate limits, write	50YRS.	E. CITY OR TOWN	If outside corporate STOWN	limits, write RI	JRAL and give	nearest tax	√n)		
WASHITUUTON	(If not in hospital, give street COUNTY HOS	PITAL:	1004 S.		ST.		ON.	SIDENCE A FARM?		
3. NAME OF DECEASED (Type or print)	SAMUEL	CLATON	LEITER SR	4. DATE OF DEATH	FEBR	UARY	Day 8	Year 19 60		
S. SEX MALE	WHITE WIDOW		B. DATE OF BIRTH 11/26/18	90 . (	GE (In years ast buthday) 69 yrs	Months Do				
during most of working	(Give kind of work done 10b. Hife, even if retired) ROCER	NIND OF BUSINESS OR INDU	MARY	LAND	γ)		S.A.			
13. FATHER'S NAME C.	LEITER		14 MOTHER'S MAIDE	ETHE LEHM	IAN					
1S. WAS DECEASED EVER II	N U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17-12-1770A	MI.S. EDN	A M. LLI	TER Add	HAGER:	STOMN			
PART I. DEATH	[Enter only one couse per li   WAS CAUSED BY:   AMEDIATE CAUSE (b)	ne for (o). (b). and (c).]	pnem on	ia			INTERVAL B	D DEATH		
4492 X Conditions, if ony	472 DUE TO									
gave rise to imm couse (a), stating the lying cause lost.	nediate (DUSTO									
PART 17. OTHER  PART 17. OTHER  20g. ACCIDENT WAS 18 OF 18 O	SIGNIFICANT CONDITIONS	ontributing to DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIV	EN IN PART 1	PERF	ORMED?		
1 1	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	în Part I or Part II o	of item 1B.)					
ZOC, TIME OF INJURY Haur o. m. p. m.	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stote factory, street, office bldg., etc.)									
21. I certify that		ed fram 2-2-6	Aut to							
ACTUAL SIGNATURE	alive an 2-8-60, 19, and that death accurred at 5/AM, from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  M.D. 318 N. Potomac St. 2-9-60									
PHYSICIAN'S PAU	l Harrison, M.	D.	Hagerst	own, Md.						
220. BURIAL, CREMATION	27b. DATE THEREOF 2/11/60	CEDAR LAW		22d. LOCATION HAGE	RSTOW	,,	(Sid	ote)		
23. FUNERAL DIRECTOR'S S	SIGNATURE /	ADDRESS	7 / 240.1	EF DAY REGISTRAR		TRAR'S SIGN				



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02554

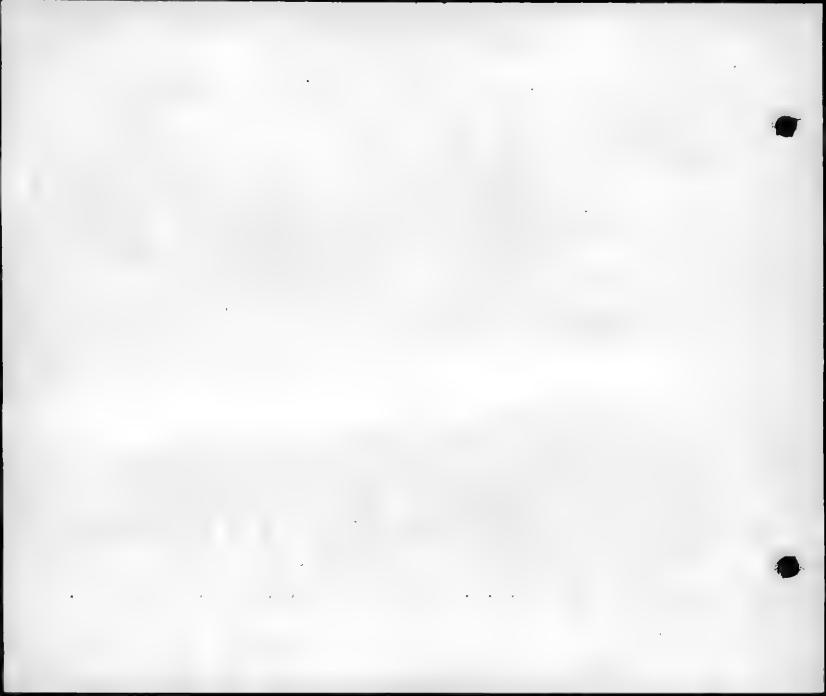
		2619 CERTITION	IL OI PEATI					
Š		PLACE OF DEATH  b. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o., STATE b. COUNTY					
3		WASHING-TON MARYLAND	MARYLAND WASHINGTON					
300	ŀ	b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 1b RURAL and give neorest town)	Xc. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
2	1	DEAVER CREEK-RORAL	BEAVER OREEK - RURAL					
V		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS  o IS RESIDENCE ON A FARM?					
^		BOONSBORD MD. RIZ	BOONSBORD MD. R.Z YES NOW					
	3. 1	NAME OF First Middle DECEASED	Last 4. DAYE Month Day Year					
		(Type or print) WALTER FRANK	LIZER DEATHTEBRUARY - 25. 1960					
	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF 8IRTH 9. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS. lost birthday)   Months   Days   Haurs   Min.					
		VIALE WIDOWED DIVORCED	JULY-17-1894 65 m. 7 8					
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?					
	# 	TOREMAN-ORGAN FACTORY M.P. MOLLER						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
		WALTER LIZER	ESTIE SHEPLEY					
		s, no, or unknown]   {If yes, give war or dates of service)	NFORMANT Address					
		NO. 214-09-1608 M	RS. VERNIE LIZER BORNSBORG MD. RIZ					
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH.					
i	PART I, DEATH WAS CAUSED BY: CORON 14 Ry THROM 130515							
		420.1 DUE TO						
		Canditions, if ony, which) (b) LOROK 1/4 A17	teriorcleresis /4 EAR.					
		gave rise to immediate cause (a), stating the under-						
		lying couse lost. (c)						
_	NO.	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?					
0	CAT		YES NO 🗟					
	CERTIFICATION	206 ACCIDENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter nature of injury in Port I or Part II of item 18.)					
		(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
	MEC	Haur o.m. While Not white p m. 19 al work ot wark						
		21. I certify that (I) (this haspital) attended the deceased from	2-2-60 19 to death 19 that (I) (we) last					
		saw the deceased alive on2-24-6019, and that a						
		220 SIGNATURE	226 DATE					
,		They transison	M D ATTENDING MED. STAFF PHYS					
/		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS					
		Paul Harrison, M. D.	318 N. Potomac St., Hagerstown, Md.					
	<b>2</b> 3a	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town, or county) (State)					
	,	BURIAL GEB. 28-1960 BOONSBORD	CEMETERY BOONSBORD WASH, CO. MP.					
**	24	FUNERAL DIRECTOR'S ATOMATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE					
	(	Jahr A. Barr 120002BORO	MD, DATE MAR 1 '60 Cultury S. France					

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Board of Beolith prior to burial, cremation, or removal, and in any event, within 72 haurs after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL O

DR. Harmani 318 n. Pet

VR A15 (4) 15M 9/59



director

funerol

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Filled

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physicion

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by the hospita

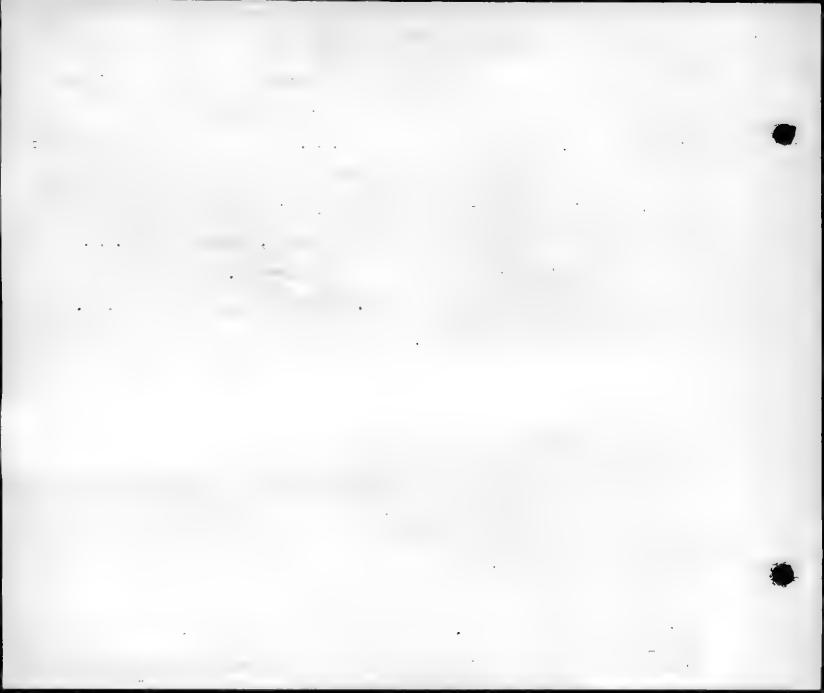
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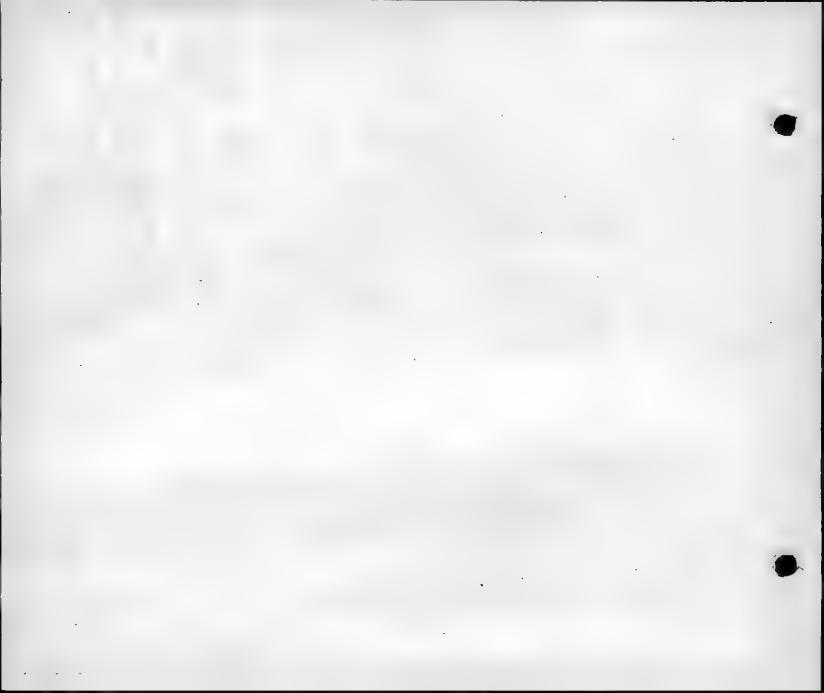
VS A15 (4)

15M 9/58

requires that the deoth certificate be executed within 24 haur



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02556 CERTIFICATE OF DEATH 2620 Reg. Dist. No. director, Page PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If autside carporate limits, write c. CITY OR IQWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 ģ RURAL and give nearest town). should 401 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET-ADDRESS e. IS RESIDENCE ON A FARM? 24 YES NO IN 11500 pud 9 NAME OF Middle DATE Day Year 70 DECEASED (Type or print) DEATH 1960 3 5. SEX 6. COLOR OR RACE AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B DATE OF BIRTH Months Haurs DIVORCED [ WIDOWED [ cample 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZÉN OF WHAT COUNTRY? during most of working life, even if-retired) puo 13. FATHER'S NAME physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address III was come wor or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) -DUE-TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPSY PERFORMED? YES [ NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Hame, farm, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (Slate) factory, street, affice bldg . etc.) O. III. While Not while at wark p. m. Ol work 21. I certify that bottended the deceased fram-1960 Uthat I last saw the deceased alive an and that death accurred at Zi > .!M. from the causes and an the date stated above. ADDRESS (Street/city or town, state) **ACTUAL** SIGNATURE Drior shauld PHYSICIAN'S NAME (Type) FUNERAL 220. BURIAL, CREMATION, 226. PATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) bode REMOVAL (Specify) ruska 0 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'DING RECISIONAL 246 REGISTRAR'S SIGNATURE AND VS A15 (4) Cuthur & Hours DATE 1SM 10/57



e. IS RESIDENCE ON A FARM?

YES NO TO

Yeor

1960

Washington

16

U.S.A.

Doys

Months

IF UNDER TYEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Hours

INTERVAL BETWEEN ONSET AND DEATH

director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY o. STATE b. COUNTY Washington be filed MARYLAND Maryland funeral b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) plands Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) QR INSTITUTION d. STREET ADDRESS 72 1609 Thr Terrace North Washington County Hospital puo € NAME OF Middle DATE Month filled IRV ING CLYDE MART IN (Type or print) DEATH February 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years 5. SEX camplehely lost birthdoy) male white November 28, 1873 DIVORCED | WIDOWED IT papers. yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) death. during most of working life, even if retired) Retired Frt. Conductor and Pon Rail road Victor. Towa after 73. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl 5 Henry Martin Mary Ellen Manatt physica mave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT attending no Mrs. Nelle O. Hagerstown, Maryland CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 420.C DUE TO permit. Conditions, if ony, which has been signed gove rise to immediate DUE TO couse (a), stating the underlying couse lost. **burial-transit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) certificate 20c. TIME OF INJURY Month, Doy, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour p. m. While Not while p. m. ot work of work 21. I certify that I attended the deceased fram and that death accurred at 2 P. M. from the causes and an the date stated above. alive an FUMIRAL DIRECTOR: prior pe SIGNATURE 3 should strar PHYSICIAN'S NAME (Type) 22b DATE THEREOF 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY abod REMOVAL (Specify) Burial Rose Hilln Cemeterv Hagerstown. 2 23 FUNERAL DIRECTOR'S SIGNATURE
Suter-Houzer Funeral Home **ADDRESS** 

physician

VS A15 (4) 15M 9/58

Farnfilm Perger

YES [ NO.

(County)

(Stote)

PERFORMED?

. 1960, that I last saw the deceased

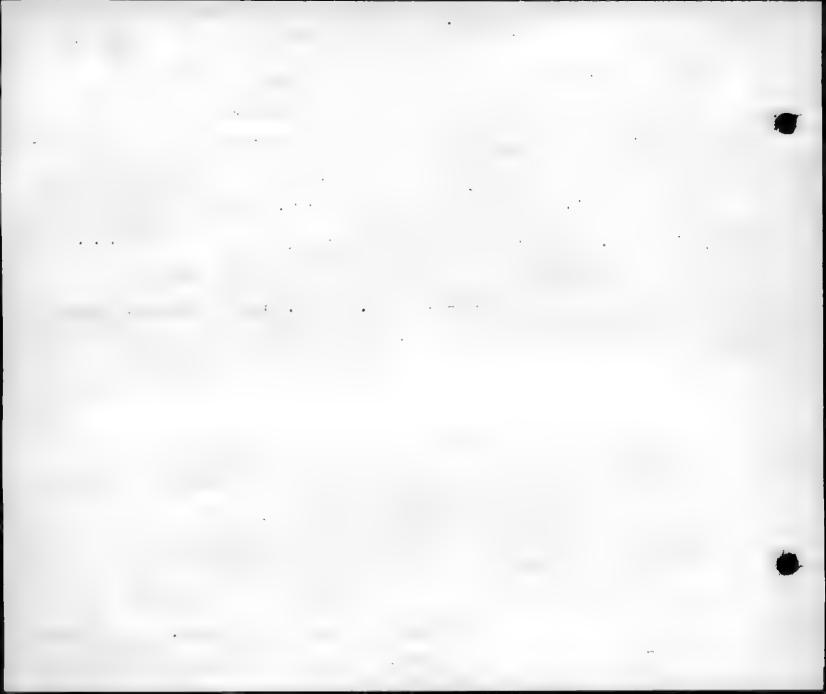
DATE SIGNED

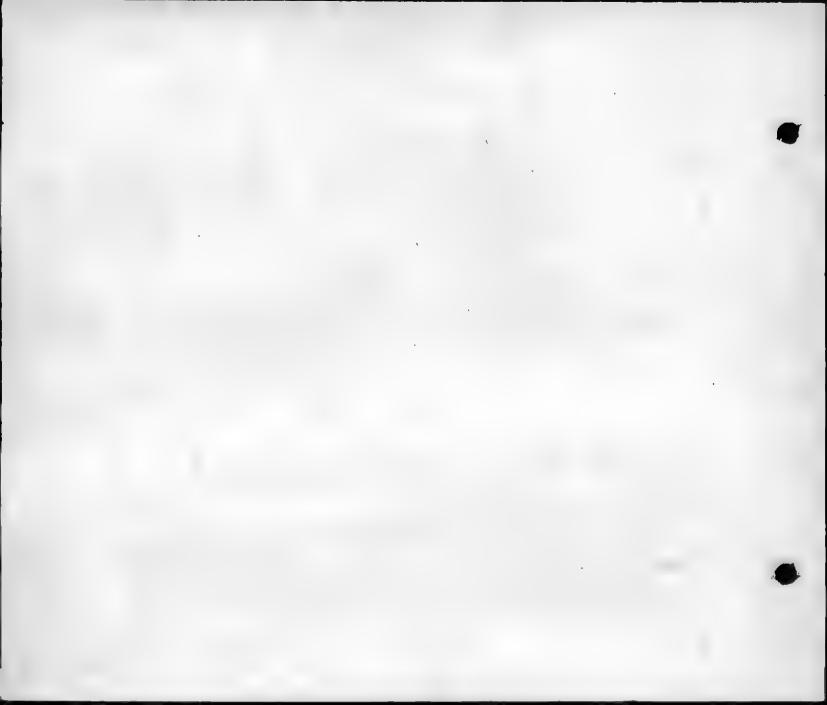
22d. LOCATION (City, town, or county)

(Stote) Maryland

24b REGISTRAR'S SIGNATURE

FEB 2 3 160 Hagerstown, Maryland





**CERTIFICATE OF DEATH** 

02559 Pag Dirt No

					Key. Dist. 140.				
	PLACE OF DEATH Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ne deceased lived. If institution b. COUNTY	on: Residence before admission) Washington				
	b. CITY OR TOWN (If aviside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Rural Hagerstown RFD #4						
	d. NAME OF HOSPITAL (If not in hospital, give street of or INSTITUTION Washington County Hosp	, and the second	d. STREET ADDRESS Cosytown B	load	e. IS RESIDENCE ON A FARM? YES NO (X)				
	3. NAME OF First DECEASED (Type or print) Stuart	Middle Hilson	Ma son	4. DATE Mont	th Day Year 20 1960				
	s sex 6. COLOR OR RACE 7. MARRI Male White WIDOWE		B DATE OF BIRTH Aug. 21 189	9 AGE (In years last birthdoy)	Months Days Hours Min				
)		kind of Business or Indu ircraft	Berkeley	Co.W. Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
	Abram Mason  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S  Yes. no. gr unknown)  NO  (If yes, grap wor or dotae of service, NO  21	social security no. 1	Fannie INFORMANT Cs. Mary Ell	Cosytown en Mason Ma					
	18. CAUSE OF DEATH [Enter anly one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which)  (b) Shelled arteric ocherons and								
	gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (c)	2. Leviscles	tereisclesofic heart disease						
)	3 Benisu Brantafic	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \( \sigma \text{NO} \) YES \( \sigma \text{NO} \)							
20g. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)  OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	Hour a.m While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(County) (State)				
	21. I certify that I attended the decease alive on Feb 20 , 19 6  ACTUAL SIGNATURE SQUARE W	that I last saw the deceased d an the date stated abave.  State)  DATE SIGNED  STATE A 22/60							
		o 111, M. D	. Hagerst	own Mary	land				
	Burial Feb. 24-60	Zc. NAME OF CEMETERY CO Cedar Lawn Gardens	R CREMATORY Memorial	22d. LOCATION (City, fown, or Hagerstown	Md.				
	23 FUNERAL DIRECTOR'S SIGNATURE	omsper & Ma	240. REC'E		ATRAK'S SIGNATURE				

N

TO HOSPITAL TITINDING MHYSICIAN: The law Equires that the death certificate be executed within 14 hours and death. Page 4 may be retain the hospital ar ottending plysicion.

TO FUNERAL DI CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, cremation, or removal, and in any event within 72 hours offer death.

VS A1S (4) 15M 9/58



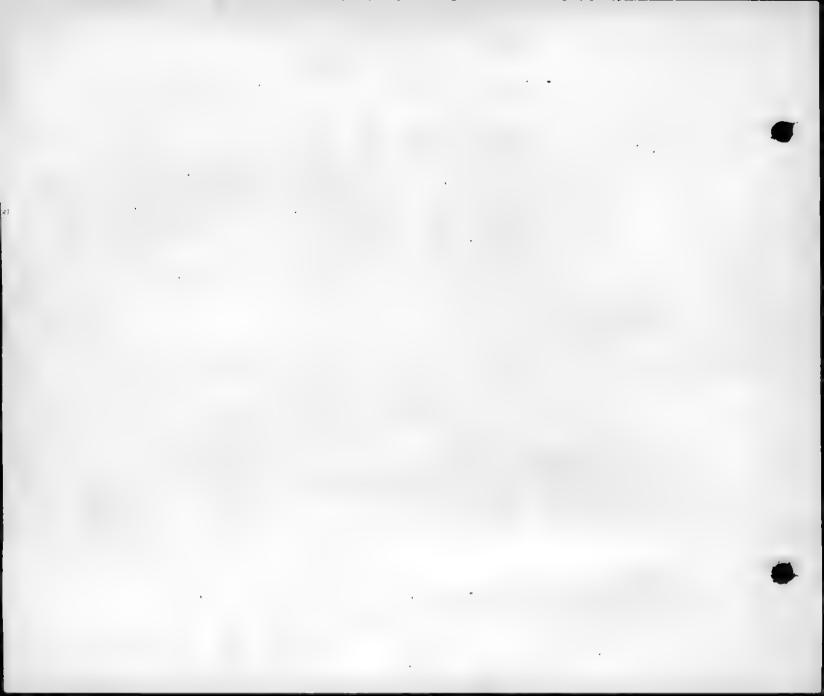
			777	1								
	PLACE OF DEATH			, MAR)		a. STATE		ere deceased live	b. COUNTY	ľ		sion)
	<u>'NAS</u>	HINGTON	V				VLA.			<u> 45 H I M G</u>		
I	CITY OR TOWN (II RURAL and give ne	outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO	DWN (If or	ulside corporate	limils, write	RURAL and gr	e nearest tow	n)
	HAGERS	TOUVA		9 HOURS	/	CHEST	NUT	GROVE	- I	ZURAL.		
,		AL (If not in haspital,	give street o	ddress)		d. STREET AD					ON	SIDENCE A FARM?
	WASI	4, Co. t	FOSPI	TAL		KEEDY	SYILL	E MID.	ROUT	E-1-	YES	NO (X
3.	NAME OF	Fi	rsl	Middle		Last		4. DATE	Mo	nih	Day	Year
	(Type or print)	JAME	S	LEON	ME	TZ.		OF DEATH T			~	1960
5 5	SEX	6. COLOR OR RACE	7 MARR	ED NEVER MARRI	ED 🔲 B.	DATE OF BIRTH		9. A	GE (In years	IF UNDER 1	YEAR IF UND	
	Antr	VA133 100 C	WIDOWE	D DIVORCE		Annai.	111.1		ost birthday) LLU yrs		oys Hours	Min
_	VALE	WHITE				ARCH-					N OF WHAT	COLINITOVA
EWG	during most of work	N (Give kind of work ing life, even if retired	done 100.	KIND OF BOSINESS C	INDUST	KY III. BIKIMPLA	CE (21016 )	ar toreign countr	Y)	12 (11)26	NOT WHAT	COUNTRY
			1 2 4	LLEP ORGAN	CA.	CHEST	Ver C	ROVE W	MEH.	COM OF	11.5.4	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME 4				
	OL	ARLES	MET	7 -		F	LLEN	v dam	ISAN			
!5.	WAS DECEASED EVE	R IN U.S. ARMED FO		SOCIAL SECURITY NO	17 INF	ORMANT		N		dress		
[Yes	s, no, or unknown!	If yes, give war ar dates of			440.	-1.		. 1	f			
_	1/10		121	3-16-1169	LMRS	BLANCH	EM	ETZ K	EEDIS	SVICCIE.	WIDTK	<u> </u>
	18. CAUSE OF DEA	TH [Enter anly one c	ouse per lin	e for (a), (b), ond (c).	1		D		- 1		INTERVAL B	
	PART 1, DEA	TH WAS CAUSED BY.	٥)	20 rouan	1 41	nou	60-	5			ONSET AND	Lour
	1.6.20	DUE TO	0									
	Conditions, if or	A loses v										
	gave rise to it	nmediate (	b)	<u> </u>								
	couse (a), stating		0									
	lying cause last.		c)									
Z	PART II. OTE	IER SIGNIFICANT COI		ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEASE CO	NDITION G	VEN IN PART	(o) 19. WAS	AUTOPSY
E				0,111110011110							PERF	DRMED?
₫											YES	NO [
CERTIF	20d ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY C	CCURRED.	(Enter nature of	injury in F	Port I ar Port II o	fitem 1B)			
¥	20c TIME OF INTIUS	Y Month, Doy, Yo	1 20-1 Ib	JURY OCCURRED	20m PI A C	E OF INJURY IN	lome form	20f. (City or t	ewel .	100	unty)	(Stote)
ă	Hour a, m,	i moni, pp, ii	While	Nol. while		ry, streat, office			own)	100	on y	(more)
¥	p. m.	19	at work									
	21 I certify tha	t (I) <del>(this hospite</del>	H) attend	ed the deceased	fram	2/11	12	60, to2	2/11	, 19.69	), that (I)	(we) last
	saw the deceas		,	1960 , and					-			
	220 SIGNATURE	1									2	26 DATE
	4.	Jewnier	1	4	M				TAFF HYS []		2/1	3/6 (
	22c PHYSICIAN'S NAME (Type)					22d ADDRES	is ZI	North	i.aln	St.	•	
	Traine (17pe)	Joseph S	Secon	dari, M.	D.	Boo	nsb	oro. Me	i.			
23a		N, 236 DATE THERE	OF	23c NAME OF CEM	ETERY OR	CREMATORY		23d. LOCATION	(City, town,	or county)	(Sto	rte)
4	REMOVAL (Specify)	C - 10 10	21-0	CAMPRICE M	41.40	() EAR ETT	D.,	SAMPLES	ALAI	100 1811	cu a	1.5
2.4	FUNERAL DIRECTOR	1768.14.19	TUD	ADDRESS N	TAUK	CEMETE	25 0000	AN BECKETONE	OUT PEC	OR WA		iU.
24	1) 1 6		)				Z24 KEC.I	B 1 8 60	ZSB KEC	LIVUMIT D,	I LEALLY	
1	- Die B- C	KIAAL E	BOONST	BORD MIT	) •		DATE F					

M

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or death. Page 4 may be rep.

TO FUNERAL DATE HOSPITAL OF THE HOSP

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

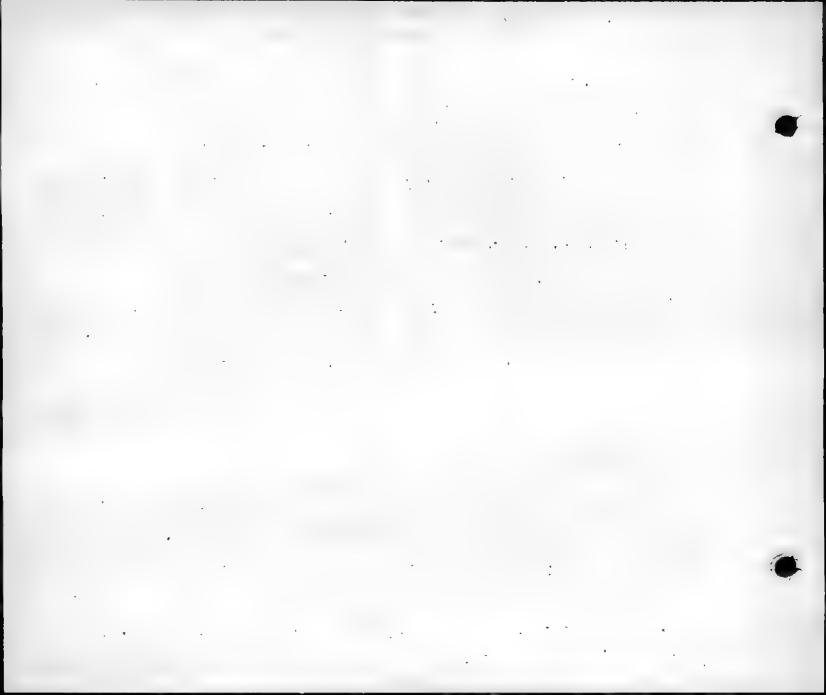


Rea. Dist. No.

TO HOSPITAL OF ITEMBINE MIYSICIAN: The lam requires that the distribution be exacuted within 24 himss and death. Page 4 may be retain the hospital or attending physician.

THE FUNITELL DISTRIBUTION: After this certificate has been signed by the attending physician and campletely filted in by the funeral director, mage 3 should be detacted for use as the burial-trassit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, cremation, or smaral, and in any event sithin 72 Hours after death. VS A1S (4) 15M 9/SB

1-										
	PLACE OF DEATH O COUNTY	MARTIANE	2. USUAL RESIDENCE (WH	ere deceased lived. If institution b. COUNTY	on: Residence before admission)					
	WASHINGTON		MARYLAI		/ASHING-TON					
	b. CITY OR TOWN (If autside carporate limits, write RURA), and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write R	JRAL and give nearest town)					
	BOONSBORG	30 YEAKS		NSBORA						
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address) #	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	118 SIMAIN ST.		1, 118 2.W	A-IN ST.	YES NO Z					
3.	NAME OF First	Middle	Last	4. DATE Mon	th Day Year					
L	(Type or print) HOVVARD	EMORY	MILLER		174- (0- 1960					
5.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours Min.					
	MALE WHITE WIDOW	ED DIVORCED	AUGUST - 11 - 19	101 58 yrs.	5 25					
100	USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar foreign country)	12. CITIZEN OF WHAT COUNTRY					
/<		ALRCHILD ALREINA	FT NT CARME	L WASH . CD . MI	UISIA.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME						
	SILAS MILLEIZ	•	FLORE	NCE FLOO	14					
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Add						
1	Rt A	14-09-9700 1	MRS. ALMA A	MILLER BO	ONSBORO MD.					
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c)-]	PPP	1	INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	orollary 7	throw bo	767	1 year -					
	420.0 DUE TO									
	Conditions, if ony, which). Here - relevel a heart de rene									
	gove rise to immediate Cause (a), stating the under-									
	lying cause lost. (c)									
NO.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	'EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?					
CATION					YES NO					
CERTIFI	200. ACC, DENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of item 18 }						
	20c. TIME OF INJURY Month, Doy, Year 20d, I	NJURY OCCURRED 20e. PI	ACE OF INJURY (Hame, farm	, 20f. (City or town)	(County) (State					
MEDICAL	Hour o.m. While at wor	Nat while fa	ictary, street, affice bldg., etc		0 11					
~			10 .	5.0	I DAY TIL					
	21. I certify that I attended the decease		, 19, ta	cus	that Mari saw like presenter					
	alive an, 19_	, and that death	occurred at Ut_	M, fram the causes on ADDRESS (Street, city or to be)	d on the date stated above					
	ACTUAL TOOL S	euniZ								
	SIGNATURE	com V	M.D. 21 N. Main	St. Boarsb.	ro, Md					
	PHYSICIAN'S TOSEPHS	ECONDAR	Li B	OONS BORG	HD					
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	or county) (Stote)					
1	BURIAL FEB. 9. 1960	1 BOONSBORK	CEMETERY	BOONSBORD	NASH. CO.NO.					
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 24b REGI	STRAR'S SIGNATURE					
	Jahr W. Knie 130	ONSBORD NO	D. DATE FE	B 11 '60 a	ithus S. Krous					



22c. NAME OF CEMETERY OR CREMATOR

Cedar Lawn

Andrew K. Coffnan, Hagerstown, Md.

LOCATION (City, town, or county)

24b REGISTRAR'S SIGNATURE

Circhan S. Kraus

Men. Gardens Hagerstown Wash

240 RECEEDED RECISTRAR

TO HOSPITAL O

May be retain

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

Juriak

23. FUNERAL DIRECTOR'S SIGNATURE

220 SURIAL, CREMATION, 22b, DATE THEREOF



N

VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2552

02564

	1 6	LACE OF DEATH	shington			MARYL		2. <b>USU</b> 0. ST		IId.	ere deceased	lived. If institution by COUNT		shin		on)
	Ь		outside corporate limi	ts, write		of stay i	N Ib	c. Cl		own (if ou		ota limits, write	RURAL and	give nea	rest town)	
	c	NAME OF HOSPITA	Locust St	ive street	address)			d. s	TREET AD		Locust	St.,	,		ON A I	
		NAME OF DECEASED Type or print)	Fir Samue	_		Middle T	Mo	ore	Losi		4. DATE OF DEATH		anth 2	Do:	y Yo	60
	5. S	male	6. COLOR OR RACE white	7. MARR		ER MARRIEI			OF BIRTH	1872	1	9 AGE (In yeo lost bythdoy	) Months		Hours Hours	24 HRS Min
	10a.	USUAL OCCUPATION during most of working retired	N (Give kind of work in his life, even if retired roadman	1		usiness of		RY 11.		,	wn, Md		12. CI		WHAT CO	DUNTRY?
	13.	FATHER'S NAME						14. MC	THER'S A	AAIDEN N	AME					
			unknown								unknow	m				
J			IN U. S. ARMED FOR	ervice)	SOCIAL SEC L9-05-			nond		cAfee	1	lagerst	ddress DWN		Md.	
	CERTIFICATION	PART I. DEAT  3 3 2 ×  Conditions, if an gove rise to im couse (o), stoling t lying couse lost.  PART II. OTH	the under- DUE TO (co	DITIONS (	CONTRIBUTION CONTR	NG TO DEA	CAS	Jes JOT RELI	ATED TO	THE TERMIN	DALA.	Fuflu		ONS	PERFOR	DEATH  LTOPSY
	긭	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not white of work of work of work of work 19.														
17		21. I certify that (I) (this hospital) attended the deceased from July 1 1957, to Feb 9 1960 saw the deceased alive an Feb 2 1960, and that death accurred at Feb, from the causes and an the 220 SKINALURE    ATTENDING   MED   STAFF   PHYS   DIRECTOR   PHYS   PHYS   220. PHYSICIAN'S   22d. ADDRESS   Edward W. Ditto 111, M. D. 217 West Washington Street						he date	stated 22b							
	23c	BURIAL, CREMATION REMOVAL (Specify) burial	23b. DATE THEREC	_		ROSE H						ION (City, town			(Stote Md	
		red W. Kra		ersto	ADDR Wn, Mc				- 1	250 RECT	EBY REGISTR	0.0	GISTRAR'S : آمدرسریات			



20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Doy. Year

20d. INJURY OCCURRED Not while

20e. PLACE OF INJURY (Home, form, 20f, (City or town) foctory, street, office bldg, etc.)

(County) (Stote)

alive an2/16/60

Hour o. m.

PLACE OF DEATH

o. COUNTY

NAME OF

DECEASED (Type or print)

13. FATHER'S NAME

No

5 SEX

Male

ot work ot work 21. I certify that I attended the deceased fram.

While

\_\_\_\_, 19\_\_\_,that I last saw the deceased

\_\_, and that death accurred at 5.30 A fram the causes and an the date stated above.

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION,

REMOVAL (Specify)

Feb.

148 N. Potomac St., Hagerstown, NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

ADDRESS (Street, city or town, stote)

(Stote) Hagerstown Harvland

23. FUNTERAL/DIRECTOR'S SIGNATURE

Rest Haven Cemetery 20 - 60

24a. REC'D BY REGISTRAR DATE FEB 2 3 '60

24b. REGISTRAR'S SIGNATURE

000 15

VS A15 (4)

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DIRECTOR

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		253	54 CERTI	FICA	TE OF DEATH	1	Reg.	Dist, No.	~ 000
1.	PLACE OF DEATH o, COUNTY	Washington	MARY	- 11	2. USUAL RESIDENCE (Who o. STATE Md .		COLLETY -	dence before	odmission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and give nearest lawn)  Hagerstown  C LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL an							nd give near	est town)
	OR INSTITUTION	ITAL (If not in hospital, give stage of the county			STREET ADDRESS W. W.	ater St.			IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First John	Middle Henry		Myers	4. DATE OF DEATH	Month Februs		
	male_	white we	MARRIED NEVER MARRIE	F	ebruary 20	4	7 yrs Month	Days	Hours Min
	during most of wo	ION (Give kind of work done rking life, even if relired)	Own farm	RINDUST	near Hag	erstown,		CITIZEN OF V	VHAT COUNTRY?
	FATHER'S NAME	Frederick T	V		14. MOTHER'S MAIDEN N	Lydia	A. Mi	ner	
15. {Yu	s, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	116. SOCIAL SECURITY NO. 218-30-782	4 Jo	hn A. Myer	s, Smith	sburg,	Md.	
		ATH [Enter only one couse p ATH WAS CAUSED BY IMMEDIATE CAUSE (o)	cer line for (o), (b), and (c).]		eiscom			ONSE	VAL BETWEEN TAND DEATH VIKS.
Conditions, if ony, which gave rise to immediate couse (a), storing the under-							5_	Yrs.	
CATION		: ) (c) THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TERM!	NAL DISEASE CONDI	TION GIVEN IN I		WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	(IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF				m 18.)		
MEDICA	20c. TIME OF INJU Hour o.m. p. m.	W	Od. INJURY OCCURRED While Not while t work at work		E OF INJURY (Home, form, ry, street, office bldg., etc.			(County)	(Stote)
	21. I certify talive on	hat I attended the dec	ceased from 12- 1950, and that	20 death d	., 19 <u>54</u> , ta <u> </u>				
	ACTUAL SIGNATURE	hales Fr.	Hen	, M.	D	ADDRESS (Street, city		-5-50	DATE SIGNED
-	·		ness D.		S.ithsl		<u> </u>	· — 44	
220	REMOVAL (Specify	226. DATE THEREOF	Smithsbu		emetery	Smithsh		d -	(State)
23.	FUNERAL DIRECTOR SCOTT F	essignature • Minnich &	Son, Smith	sbur	g, Md DATE	BY REGISTRAR 2	4b. REGISTRAR'S	SIGNATURE S. Finana	

may be retaine the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

TELD FIG PHYSICIAE: The law requires that the death sertificate be executed within 24 hours of

104

081

TO HOSPITAL O VS A15 (4) 15M 9/5B



and campletely filled in by the funeral directar. bon papers. Pages 1 and 2 should be filget with 091 Pages 1

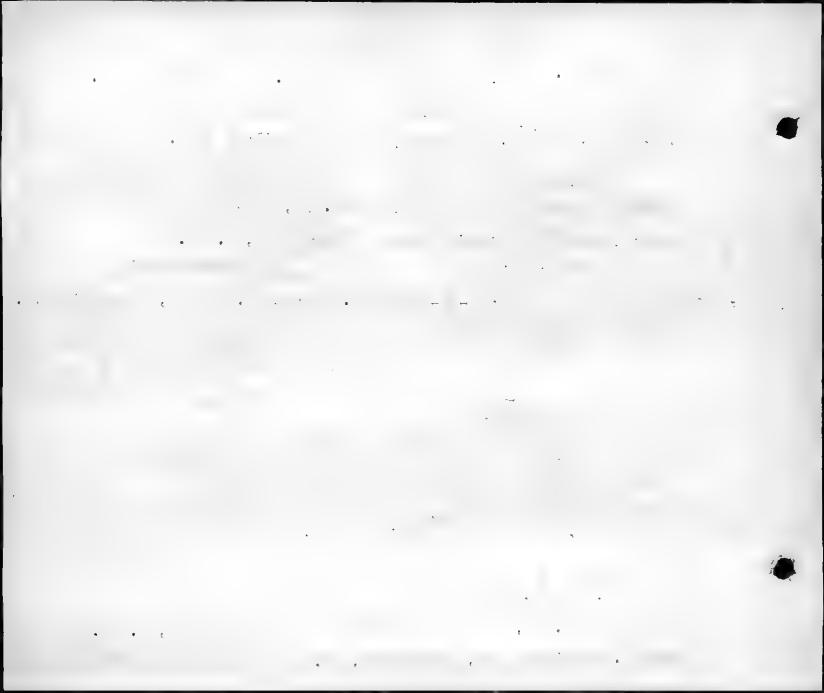
death. Poge 4

papers. may be retain by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car page 3 should be detached for use as the burial-transit permit. Then please remave carbon page the registrar priar to burial, cremotian, or removal, and in any event within 72 hours after desity.

STENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITAL O VS A1S (4) 1SM 9/SB

	کک	992	EKIIFICA	ATE OF DEATH	1	Reg. Dist. No.	
1. PLACE OF DEA	Wash.		MARYLAND	2. USUAL RESIDENCE (Who s. STATE Md.	ere deceased lived. If institut b. COUNTY		admission)
RURAL ond	WN (If autside corporate limit give nearest town) TSTOWN	P	OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write l	RURAL and give neares	t town)
d NAME OF HOR INSTITU			pital	d. STREET ADDRESS 909 Ham	ilton Blvd.	1	S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Mildred	E	Middle	MYERS	4. DATE Mo OF DEATH 9	26	Year 19 60
femal	e white	7. MARRIED NEVE	R MARRIED	s. DATE OF BIRTH Sept. 30,	1914 9. AGE (In years lost birthday)	Months Days H	OURS Min
100. USUAL OCCI dur ng most o	JPATION (Give kind of work of working life, even if retired) teacher		school		or foreign country) un, W. Va.	12. CITIZEN OF W	HAT COUNTRY?
13. FATHER S NAM	Ira Stat	er		14. MOTHER'S MAIDEN N	Berna Ba	rtgis	
15. WAS DECEAS  Yes. no, or unknown)	ED EVER IN U. S ARMED FOR		-5087 CE	opt. Stanle;	y V. Stater	, Gainesv	ille,F
Conditions gove rise couse (a), si lying couse	IN DEATH [Enter only one co I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  , if ony, which to immediate to immediate lost  [b]  DUE TO  (c)  LOTHER SIGNIFICANT CONI	Pleura Adeno C	e me	tastasis i	vid effects vary file NALDISERSE CONDITION GI	on 6 ateral 8 ven in part 1(0) 19	MONTAL MONTAL MONTAL MAS AUTOPSY PERFORMED?
	NT WAS UNDERLYING  LTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)			D. (Enter noture of injury in I			
☐ Hour	INJURY Month, Day, Yeo o.m. p.m. 19	While Not whi of work of work	ile foo	ACE OF INJURY (Home, form tory, street, office bldg., etc.		(County)	(State)
	ty that I attended the teb 26  found  Dr. Young B.	19 60 , on Chun			M, fram the causes an ADDRESS (Street, city or town		
burial	recify) 22b. DATE THEREO	4	of CEMETERY OF Cha	r crematory apel	22d. LOCATION (City, town, Cherry Run	or-county) Wa	(Stote)
23 FUNERAL DIRE Scott	ctor's signature  F. Minnich	& Son, Ha				ISTRAR'S SIGNATURE	



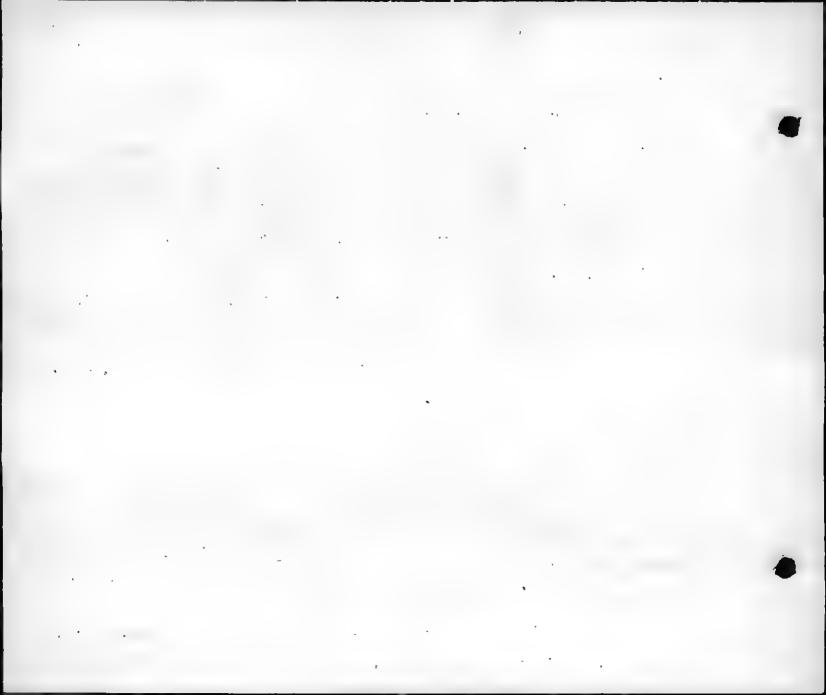
TO HOSPITAL O

VS A1S (4) 1SM 9/S8

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2555 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

()2567 Reg. Dist. No. 30

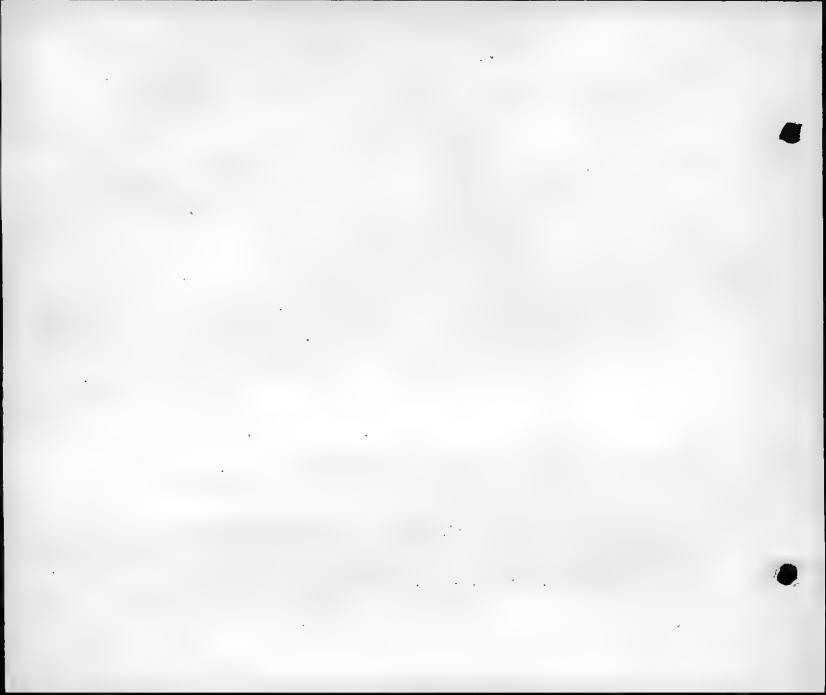
	PLACE OF DEATH O. COLINTY		2 USUAL RESIDENCE (Where deceased o. STATE	lived If institution Residence	: before admission)
	ushingt on	MARYLAND	last 2011 nd	asningto	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corpor	ote limits, write RURAL and gir	ve nearest town)
	H. kerstown	l "eek	x Hagerston	n n 11. 4	
	d NAME OF HOSPITAL (If not in hospital, give street on INSTITUTION	oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
)	Lartin Lonor Mursing	g Hone	Fairview Road	1	YES A NO
	3. NAME OF First DECEASED	Middle	Lost 4. DATE	Month	Day Yeor
	(Type or print)	LFCTER	LYERS DEATH	Feby 9 1960	
	5. SEX 6. COLOR OR RACE 7. MARR	IEMEN NEVER MARRIED	B DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YEAR IF UNDER 24 HRS
	lale Thite wipowe		Sept 20 1874	85 yrs.	7073 110073 14111
	10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		and a		EN OF WHAT COUNTRY?
	/ Farmer	Truck Farme	<u> </u>	00 I.d.	U DA
-	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1-7 -	
	William Myers		Mary Spran	JKTe	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or dates of service)		IFORMANT TTO	Address D # 1	1 4
	No	Ha	or C Myers Hager	istown n	D CLa
	18. CAUSE OF DEATH _ Enter only one couse per lin	ne for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)				
	DUE TO	P			. /
	Conditions, if ony, which ) (b)	Sacumo	m/		one week
	gove rise to immediate DUE TO	8 1 1			
	iying couse lost (c)	aropro- (6)	surles free	Robert	10 400
-	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED?
J					YES NO
	206. ACCIDENT WAS UNDERLYING 1 206. DESC OR CONTRIBUTING 1 CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Part I or Part	II of item 18.)	
	3 20c TIME OF INJURY Month, Doy, Year 20d. In		ACE OF INJURY (Home, form, 20f (City	or town) (Co	ounty) (Stote)
	Time Of INJURY Month, Doy, Year 20d. In While p. m. 19 of world	Not while roc	tory, street, office bldg., etc.)		
	21. I certify that I attended the decease	ed from 2010	60 10 10 3-9-	- 60 19,that I last	t caw the deceased
	alive an 2-7-60 19		accurred at 5/4-M, fram		
	direction of the second of the	X		reet, charge town, stole)	DATE SIGNED
	SIGNATURE A MA SOLL		West 110	clow my	3/0/
ŧ			n.u		11/60
	PHYSICIAN'S NAME (Type) 77 FM	11/0 R			/
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY 22d, LOCAT	ION (City, town, or county)	(Stote)
	REMOVAL (Specify) 2/13/60	Dunkard Cen	etery Broadi	oruing "asa	Co List.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIST		NATURE
	ndram W Coffman Ha	manatama 1. a	DATEER 1 1 '60	arthur S. H	raud





VR A1S (4) 1SM 9/59

	1, 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where of a STATE	deceased lived, If institution: Reside	ence befare admission)
		WASITINGTON	MARYLAND	MARYLAND	WASHI	VGTAN
1	ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and	give nearest tawn)
		HAGERISTOWN		XBEAVER CRI	EEK - RURAL	
	- (	d. NAME OF HOSPITAL (If not in haspital, give street of	address)	d. STREET ADDRESS	The state of the s	e. IS RESIDENCE
1		OR INSTITUTION		ALGO FORTALINA	MA D.1	ON A FARM? YES NO [7]
1		. WASH, Co. HOSPITE		HAGERSTOUL		
	ı	NAME OF DECRASED (Type or print)  BENDAMIN	FRANK . NE		DATE Month OF DEATH FEBRUARY-	Day Year 1960
	S S	والمستقل والمستقل المنظم والمستقل المناسب والمستقل المناسب والمستقل المناسب والمستقل		DATE OF BIRTH	9 AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
		MALIE WHITE WIDOWE	ED   DIVORCED	DED. 22 180	dast birthday) Months	Days Haurs Min.
ŀ	_	USUAL OCCUPATION (Give kind of work done 10b		TRY , 11. BIRTHPLACE (State or fo		TIZEN OF WHAT COUNTRY?
	1	during mast of working life, even if retired)		40	3 "	
	13.	FATHER'S NAME	WN TARM	BEAVER CRE		10. U.S.A.
М		AAA MANAGE I ALE	CVIII A B A JE 12	BETTY	MECAULEV	
/	15.		SOCIAL SECURITY NO. 17. IN	FORMANT	Address	
	(Yes	s, no, or unknown)   (If yes, give war or dates of service)	_			~ .
	_	NO.   121	19-20-0701 MI	S. SALUE NEW	ICOMER HAGERS	TOYYN MUDIZ,
		18 CAUSE OF DEATH [Enter only one cause per lin	ne far (a), (b), and (c).			ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a)	Gastrointestin	al hemorrhage		3-4 days
		DUE TO	(nrimary	ite not determ	ined due to cond	ition)
		Canditians, if any, which }				
		gave rise to immediate (			. The primary	
		lying cause last.	of this may ha	ve been G-I ma	alignancy.	Indefinite.
	z	PART II OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT 1(a) 19 WAS AUTOPSY
9	잂	The Follow State of the Francisco	OTTRIBOTION TO BESTON	TOT RESTRES TO THE TERMINERE	planta comprising and area	PERFORMED?
	2					YES NO
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ERIBE HOW INJURY OCCURRED	. (Enter nature of injury in Part	ar Part II at item IB.)	
	MEDICAL		NJURY OCCURRED 20e. PL	CE OF INJURY (Hame, farm, 2	Of. (City or town)	(Caunty) (Stofe)
	(ED)	Haur a. m. While at warl	k at wark	ory_street, office bldg.,=tc_		
	2			77.1 5.04	7 17	
		21 I certify that (I) (this haspital) attend				
			TLA 114 Taylo Apat of	eath accurred of 2000	Mom the causes and an th	
		220 SIGNATURE DATE TILL	idle -	ATTENDING MED	STAFF	22b, DATE SIGNED
		22c PHYSICIAN'S Robert F. Kead		1.D PHYS. DIRECT	or   PHYS   Feb Potomac Street	oruary 15, 19
		NAME (Type) TODEL T IZCAC.	ic, ii. D.	~~	** 1 1	
	22	CHA AL CONTRACTOR ON BATE THEREOF	Too bidden of the state of		n, Waryland	
	£30	BUR AL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY O	100	LOCATION (City, town, or county)	
		BURIAL PEB. 17. 1960	DEAVER CRE	IL CEMETERY I	EAVER CREEK W	(ASH: CO: MD,
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY	REGISTRAR 2Sb REGISTRAR'S S	SIGNATURE
	-	John A. 1905C I	DOONSBORG A	UP, DATE FEB	18'60 Cillia	e 4
	-	9				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



		2629	)	CERTI	FICA	ATE OF D	EATH			R	eg, Dist. N	lo.	
o COUNTY	ATH	Washing	ton	MARY	AND	2. USUAL RESID	_ `	ere deceased		MINITY	Residence be		nission)
b. CITY OR T	OWN (If outsid	e corporate limit		c. LENGTH OF STAY	N 1b	c. CITY OR T	OWN (If or	utside corpo	rote limits,				own)
Rural	, Boone	sboro #		13 Mon	ths	×		, Rin	ggold				
d. NAME OF OR INSTIT	HOSPITAL (if n JTION	ot in hospital, g	ve street	address)		d. STREET A	DDRESS					e. IS R	ESIDENCE A FARM?
	Fah	rney-Kee	edy M	lemorial Ho	ne		Smith	sburg	#2				NO [
3. NAME OF DECEASED		Firs	t	Middle		Łas		4. DATE OF		Month		Day	Yeor
(Type or prin	)	Cy:	rus			Newco	mer	DEATH		Fe		2,	19 60
SEX	6. CC	LOR OR RACE	7 MARR	IED NEVER MARRIE	□□	8 DATE OF BIRTH	1		9. AGE (In lost birt	7.00.0	UNDER 1 YE		
Male	W	hite	WIDOWE	DIVORCE		Oct. 28	187	3	86	yrs.	John Joy	11001	791111
On. USUAL OC	UPATION (Giv	e kind of work d	lone 10b,	KIND OF BUSINESS OF	NDU!	STRY 11, BIRTHPL	ACE (Stole	or foreign o	ountry)		12. CITIZEN	OF WHA	T COUNTRY
Far	-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ring	gold,	Md.			U.S.	.A.	
3. FATHER'S NA	ME					14, MOTHER'S	MAIDEN N	AME					
Ben	jamin F	. Newcor	ner			Mary	7 M. G	arver	•				
5. WAS DECEA		S. ARMED FOR		SOCIAL SECURITY NO.	H	NFORMANT				Address			
No	(11 year, ty	74 KG 07 001 07 10	,		W	lliam B	Newc	omer.	Smit	hsbur	g Md.		
1B. CAUSE	OF DEATH [E	nter only one cou	use per lin	ne for (o), (b), and (c).]					<del></del>			NTERVAL	BETWEEN
PAR	I. DEATH WA	S CAUSED BY: DIATE CAUSE (o)										M2EL AL	ND DEATH
443	X	DUE TO	11	1		> /	1/						
Condition	s, if ony, wh	ich ) (b)	1	Ykerlessi	70	Carde	V //c	seu	lar	Les		3	die
	to immedi			/									
lying cou		(c)	_										
PART	II. OTHER SIG	NIFICANT CON	STIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITIO	ON GIVEN	IN PART 1(o	19. WA PER	S AUTOPSY FORMED?
<u> </u>												YES	□ NOÆ
O THE FILHER	ENT WAS UND BUTING [] CAI NOTIFY MEDIC	USE OF DEATH	20b DESC	CRIBE HOW INJURY OF	CURRE	D (Enler noture o	f injury in P	ort I or Par	t II of item	1B.)			
20c TIME O		nth, Doy, Yea	While	Not while		ACE OF INJURY (I story, street, office			or town)		[Coun	ly)	(State
	p.m.				-	2 10	. 4	) - 4 :		6.6		- 1	
	ity that I o	Iffended the	decease	ed fram 3 1/		19	, to				at I last s		
alive an		(-00	_, 19	and that	death	accurred at		M, fram ADDRESS (SI			an the do		ed abav
ACTUAL SIGNATURE	An	Sa	1	ulas		M.D	fe-	ILL.	Me	2	4	رد	
PHYSICIAN NAME (Typ		EW	X	1/1700	3							1)	160
720 BURIAL, CR REMOVAL		DATE THEREO	F	22c. NAME OF CEME	TERY O	R CREMATORY		22d LOCA	TION (City,	lown, or c	county)	(5	tote)
Burial		2/4/60		Smiths	bur	7			hsbur	g, Wa	shing	ton.	Md.
3. FUNERAL DI	ECTOR'S SIGN	ATURE	, 1	ADDRESS	,	0		BY REGIST	TRAR 24b	. REGISTR	AR'S SIGNA	TURE	
Malt	w/1/	4 mre	111	zumes lin	1-50	10	DATEFEE	3 5 '6	U	Cirthu	1 S. Ku	hild	

VS A15 (4) 15M 9/5B

MENT OF HEALTH—BALTIMORE, 18	02572
ATE OF DEATH Reg. D	ist. No.
2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE b. COUNTY b. COUNTY C. CITY OR TOWN (If autside carporate limits, write RURAL and	INCATAN
X CHESTAUT CIZOVE - IZVK  1 d. STREET ADDRESS  KEEDYSYLLLE MD. 13. 1  LOST 4. DATE MONTH	e IS RESIDENCE ON A FARM? YES X NO
B. DATE OF BIRTH  B. DATE OF BIRTH  ADRIL - 17 - 890   9. AGE (In years lost birthday)   Months    USTRY 11. BIRTHPLACE (Stole or foreign country)   12. CII	TYEAR IF UNDER 24 HR: Days Hours Min. IZEN OF WHAT COUNTRY
oneumonitis	2 days
UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAIL Late.  RED. (Enter nature of injury in Port I or Port II of item 18.)	RT 1(0) 19 WAS AUTOPS: PERFORMED? YES NOTE
PLACE OF INJURY (Home, farm, 20f. (City or tawn) foctory, street, office bldg., etc.)	(County) (State
th occurred at 12 M, from the causes and an the ADDRESS (Street, city or town, state)	

FEMOVAL (Specify)

24g. REC'D BY REGISTRAR

WASH . Co. MID. 24b. REGISTRAR'S SIGNATURE Oxilar S. Kraus

2/8/60

(State)

ADDRESS 200 NS130RD

DATIFEB 1 1 '60

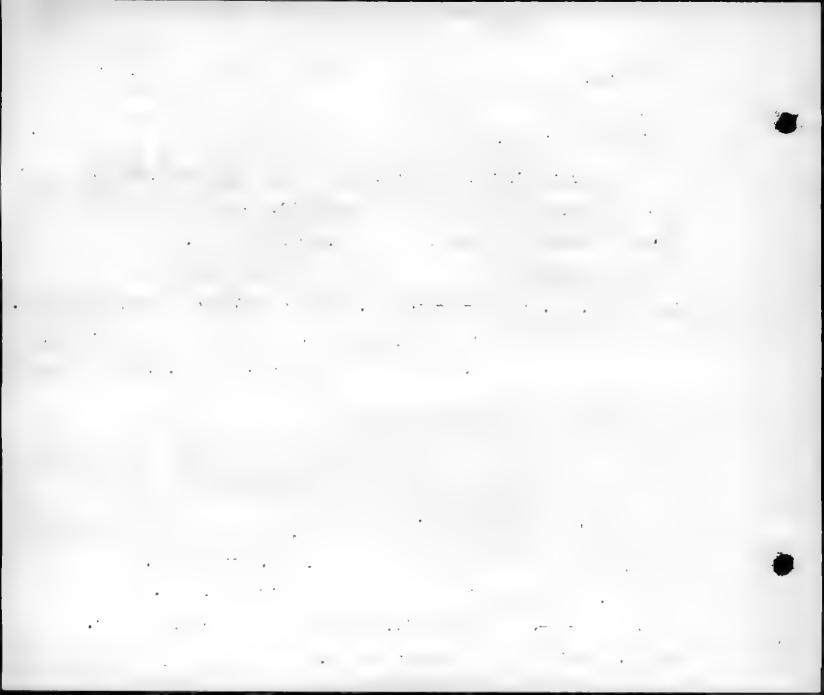
VS A15 (4) 15M 9/5B

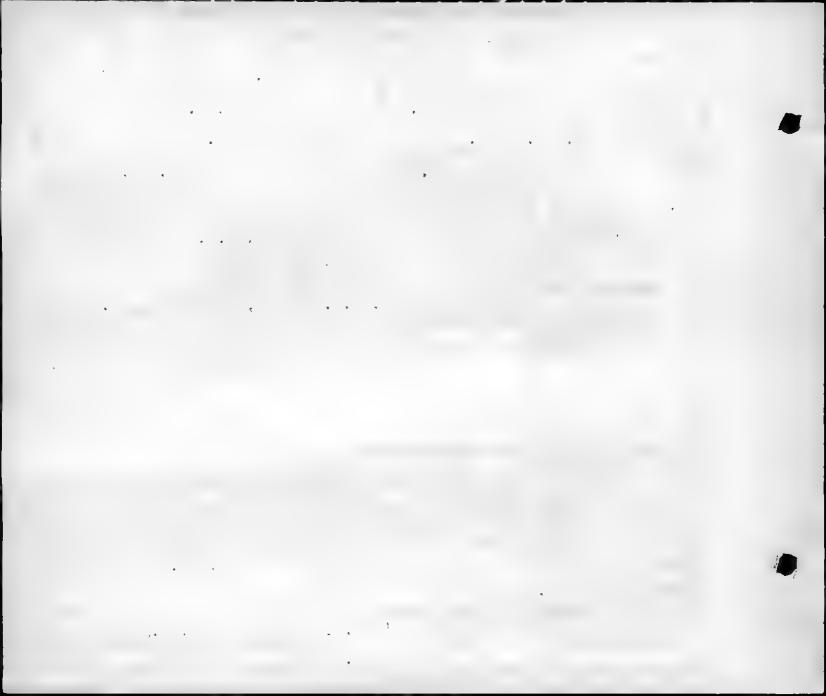


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ne raspital ar attending physician.	A	hec	ē	
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ă	Z	63	60	
ad per relative	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funera	age 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauid be	ne registrar priar ta burial, crematian, ar remaval, and in any event within 72 hours after death.	

VS A15 (4) 15M 9/58

1 PLACE OF DEATH O. COUNTY Washington  MARYLAND  2. USUAL RESIDENCE (Where deceased tived. If institution: Residence before of o. STATE Maryland  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown  2. USUAL RESIDENCE (Where deceased tived. If institution: Residence before of o. STATE Maryland  b. COUNTY Washing  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hagerstown	ton
RURAL and give neorest town)	town)
Washington County Hospital 1802 Homewood Road	RESIDENCE
NAME OF DECEASED (Type or print) William Hoover Paulsgrove Lost 4. DATE Month Day DECEASED (Type or print) William Hoover Paulsgrove 18	Year 19 61
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF C lost birthday) Months Days Ho	INDER 24 HRS
Male White WIDOWED DIVORCED August 10, 1909 50 yr.	
Oa. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  22. CITIZEN OF WH	ATCOUNTRY
Station Manager Radio Hagerstown Md.	
3. FATHER'S NAME	
Earl Paulsgrove Norah Hoover	
5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address  Ves. no. or unknown] (If yes, give wor-or-dates of service)	AM.
Yes W. ". 11 214-09-6227Mrs. Bernice Paulsgrove Hagerston	במא
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), ]	L BETWEEN
PART I, DEATH WAS CAUSED BY:	AND DEATH
a First State of the State of t	IOUL
/56 - / DUE TO	
Conditions, if ony, which ) (b) Malignant Lymphoma (Liver & lymph nodes )	3 vea
gove rise to immediate Dus To	
lying couse lost.	
, Inj.	VAS AUTOPS ERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G, VEN IN PART 1(o) 19. WE PROPERTY OF CONTRIBUTING CONTRIBUTION	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 Of work of work of work 19	(Stot
21. I certify that I attended the deceased from 10.157 , 19 , to	e decease
alive an 2.18.60 , 19 , and that death occurred at 0.30M, fram the causes and an the date sto	
ADDRESS (Street, city or lown, stote)	DATE SIGN
ACTUAL SI POTOMAC St.	
SIGNATURE M.D. 140 IN. 1000 Mate	
PHYSICIAN'S NAME (Type) S. Ear Young Hagerstown Md.	. ~ ~
20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) 12d. Rose Hill Cemetery Hagerstown	(Stole)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Scott F. Minnich & Son Hagerstown Md. of EB 23'60 Collan & trans	





VS A15 (4) 15M 9/5B

the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death

death. Page 

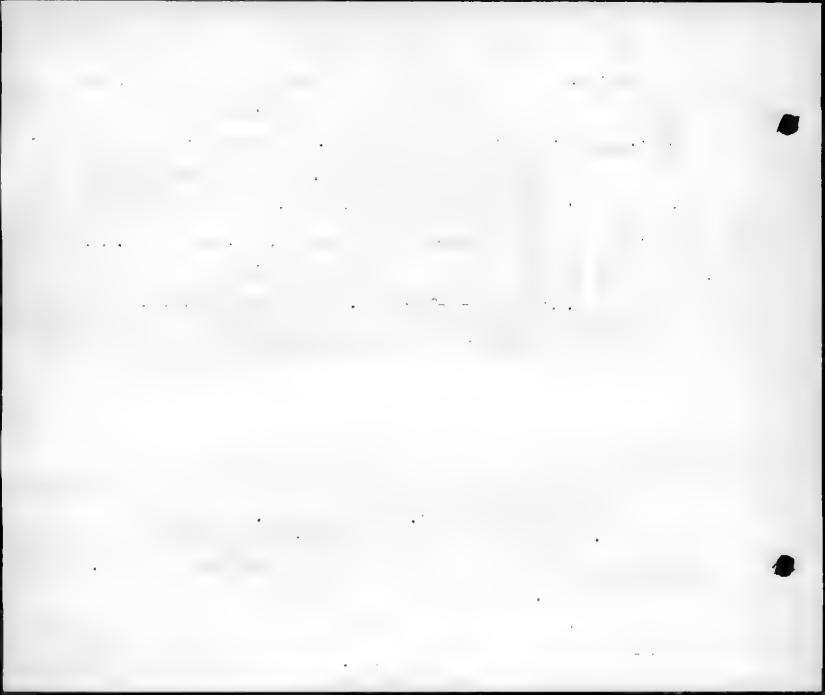
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## **CERTIFICATE OF DEATH**

02574

	- 1	W ()	r
 Dist	Na	302	

		250	CERTIFI	CAT	E OF DEA	TH			Reg. Dist		302	
1.	PLACE OF DEATH o. COUNTY Washi	ington	MARYLAN	ll.	USUAL RESIDENCE o. STATE Man	_	, l	If institution		befor	e admission)	
		outside carporate limits, write		1b	c CITY OR TOWN	-		nits, write RU				
-	Hagerstown	ME	7 days				stown					_
	OR INSTITUTION	L (If not in hospital, give street County Hospi		1	d. STREET ADDRES		ngton St	reet		•	ON A FARM	?_
3.	NAME OF DECEASED (Type or print)	LLOYD First	LE ROY		PENNER			Mont Februa	ry	27	19 6	
5.	SEX	6. COLOR OR RACE 7 MA	ARRIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AG	E (In years birthday)			IF UNDER 24 H	
	male		WED DIVORCED	4 }	ovember 26	-	1034	65 yrs	Months	Days	Hours Mir	
10	during most of working	(Give kind of wark done 10	b. KIND OF BUSINESS OR IN	<b>IDU</b> STRY	11. BIRTHPLACE (S	itale c	or foreign country)		12.CITIZ	ENOF	WHAT COUNT	RY7
	Conductor		Railroad		Brunswic	ck,	Marylan	d	U.	S.A	•	
13.	FATHER'S NAME			1	4. MOTHER'S MAID							
	Johr	n Penner			7	? M	iller					
			6. SOCIAL SECURITY NO.	INFO	RMANT			Addre	228			
,,,,	Yes	yes, give war or dates of service)	705-12-2139	Mrs	. Helen F	en	ner Hag	erstow	n, M	ary	land	
		H [Enter only one cause per								INTE	RVAL BETWEEN	H 4
	PART I, DEATH	H WAS CAUSED BY: MMEDIATE CAUSE (a) BY	ronchogenic	Car	cinoma,	ri	ght			14	mont!	18
	162.	/ DUE TO										
	Conditions, if any											
	gove rise to im- couse (a), stating th											
	lying couse lost.	(c)										
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE T	ERMIN	NAL D SEASE CON	DITION GIVE	EN IN PART	1(0) 19	PERFORMED?	່ຈ
	20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING [] 206. D CAUSE OF DEATH (EDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	PRRED. (I	Enter nature of injury	y in P	art I or Part II of	item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Whi		factory	OF INJURY (Hame, , street, office bldg.,	farm, , etc.]	20f (City or tov	vn)	(Co	ounly)	(Sto	ite)
	21. I certify tha	t I attended the dece	ased fram Dec. 1	2	19.58, tal	? et	27	1960	hat I las	t saw	the deceas	iec
	alive an Feb	272 A 19	60, and that de	ath ac	curred at 9:0		M, fram the c					
		2/20			DST	A	DORESS (Street, c	ity or town, s	itate)		DATE SIGN	JEC
	ACTUAL SIGNATURE	// Joyn	on	M.D	100 Pro	ofe	essiona	l Art	s Blo	dg.	2/29/	16
	PHYSICIAN'S W11	liam T. Lay	man		Hagers	to	wn			Ма	ryland	ì
22	BURIAL, CREMATION	, 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR C	REMATORY		22d. LOCATION (	City, town, a	r county)		(Stote)	
	Burial (Specify)	3/1/1960	Rose Hill	Ceme	etery		Hagers	town		Ma	ryland	
23.	Suter - Rot	signature izer Funeral	Home Hagerstor	m. B		REC'D	BY REGISTRAR	24b. REGIS	TRAR'S/SIG	MATUR	E	
	R. Frenklin	~ / The Later	Hageragor	ille I	ALL DATE							



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X

or removal.

VS. A15ME(5) SM 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 302

12575

	LACE OF DEATH S. COUNTY Wa.	shington	70 O	MAR	YLAND	2. USUAL RE o. STATE	sidence (v Maryla			If institut		dence be		
b	. CITY OR TOWN (If and give misses) town)	notiside corporate limite, writ	• BURAL	c. LENGTH OF STAY	IN 16	c. CITY OI	R TOWN (IF	outside con	porote limi	ts, write	RURAL o	nd give n	egresi la	wn]
Ha	agerstown			40 years	3	Ha	gerst	own						
đ	I. NAME OF HOSPITA	L OR INSTITUTION (	If not in ho	spital, give street addre	(10)	d. STREET	ADDRESS							ESIDENCE A FARM?
	946 Mulbe	rry Ave.				946 1	Mulber	rry Av	0.					NO 3
3. 1	NAME OF DECEASED	Fin	si	Middle		Los	at .	4. DATE		Month		Day	Y	ear
	Type or print)	EUGENE		JOHN		PHILLI	PS	DEATH	Febr	uary	r	9	1	9 60
5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	D 🔲 B.	DATE OF BIRTI	Н		9. AGE (I	1 years	_	R TYEAR		ER 24 HRS.
	Male	White	WIDOWE	DIVORCED		ctober	1. 18	386	10st birth	yrs.	Months	Days	Hours	Min.
_ d	uring most of working	g life, even if retired)		KIND OF BUSINESS OR	INDUSTR				country)					COUNTRY
Re	etired Eng	<ul> <li>Draftsma</li> </ul>	n A	ircraft Co.		Buc	dapest	Hun ,	gary		U.	S.A.		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME						
		nk Phillip					Cec	cilia	?					
15. (Ym.		R IN U. S. ARMED FO		SOCIAL SECURITY NO.	. 17. IN	FORMANT			,	Address				
Y	10		2	14-09-0668A	Mr	s. Elea	anor F	Rideno	ur	Hag e	rsto	own,	Mary	rland
	PART I. DEAT	H [Enler only one county H WAS CAUSED BY: IMMEDIATE CAUSE (o)		for (o), (b), and (c).								ONS	IVAL BETWEET AND DE	EEN ATH
	Conditions, if on gove rise to immed (a), stating the u	ofe couse	Sy	hetensi	20	Colis	Va	ede	- 1	in	<u> </u>	. (	54	سيس
_ ]	couse last.	(c)												
STION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTR BUTING TO DEAT	H BUT N	ot related to	THE TERMI	NALDISEAS	E CONDITI	ON GIVI	EN IN PA		PERFC	AUTOPSY PRMED?
	200 EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.	SE WAS TRIBUTING []	b. DESCRIB	E HOW INJURY OCCU	RRED. (En	nter nature of in	njury in Porl	I or Port II	of item 18.	.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	Whit		0e. PLAC	E OF INJURY ( ry, street, office	Home, form bldg., etc.	20f. (City	or town)		(C	ounty)		(Stole)
	21. I certify the	ot I took charge	of the	remoins describe	d obov	e, held on	Autops	y 🔲, 1r	nspectio	n 🔼	Inqu	ігу 🔲	, ond	find tho
	deoth resulted	from: Notural	causes [	Accident [	, Suic	ide 🔲, 🕒	lomicide	, Ui	ndetermi	ined co	ouse [	j		
	ACTUAL SIGNATURE	. Hu	De	(h)		_M.D.		AMINER [			2	2	DATE S	IGNED
	EXAMINER'S NAME (Type)	PEV	11-7	1110	M			AL EXAMINE EXAMINER [	_		/	1/2	10	
220.	BURIAL CREMATION	A, 226. DATE THEREO	F	22c. NAME OF CEMEN	DRY OR C	REMATORY		22d. LOCA	TION (City,	town, o	r county)		(State	n)
	Burial	2/12/19	60	Rest Have	en Ce	metery		Ha	gerst	own.		M	aryl	and
3,	FUNERAL DIRECTOR'S	signature r Funeral	IJ_men	ADDRESS				BY REGIST				IGNATUI	-	
R	Franken !	Tuneral .	LIONE	Hagerstown,	Mar	yland	DATE	B 15'6	00	Ci	Chur &	. Krai	LAL.	



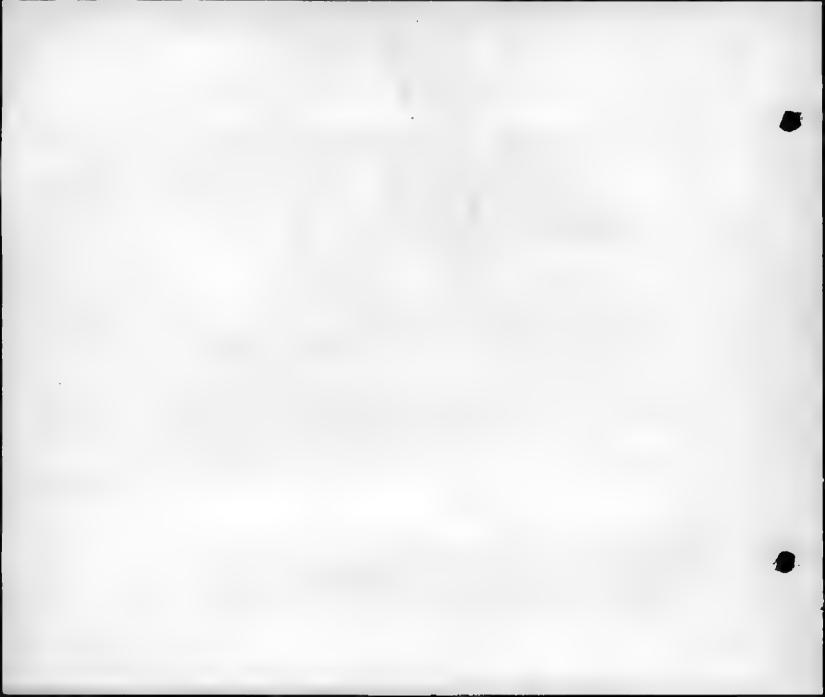
**ADDRESS** 

240. REC'D BY REGISTRAR FEB 1 1 '60

DATE

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE



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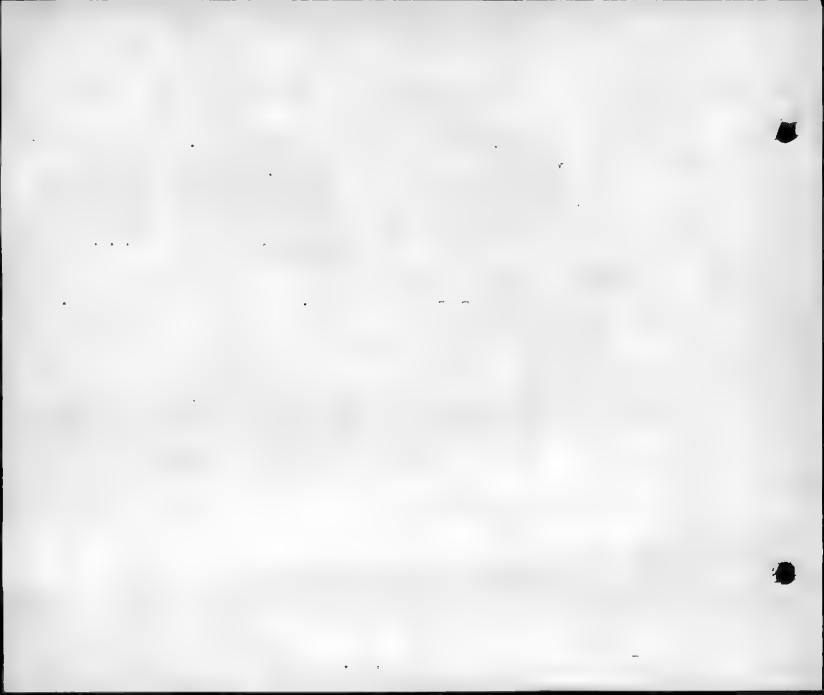
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02578

Reg. Dist. No. 302

1.	PLACE OF DEATH d. COUNTY Was	hington		MARY	AND	2. USUAL RE		here decess		Instituti	Ta.	dence be		
h	b. CITY OR TOWN (II		RURAL	c. LENGTH OF STAY	N 1b	c. CITY OF			orote limits,	write !				
	Hagersto	wn		7 days	5	03		Hager	stown					
	d. NAME OF HOSPITA	E OR INSTITUTION (	f not in hosp	pital, give street address	)	d. STREET	AD DRESS	9						ESIDENCE
	Washingto	n County H	ospita	1		4 40	00 Rej	molds	Ave.					A FARM?
3.	NAME OF DECEASED	Fin	sit .	Middle		los	t .	4. DATE OF		Month		Day		ear
L	(Type or print)	BENJAMIN		FRANKLIN		POFFEN	BERCEI	DEATH	Febr	uar	У	1	1	9 60
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ B.	DATE OF BIRTH	1		9. AGE (In ye lost birthday.	ions	IFUNDE			ER 24 HRS
	male	white	WIDOWED	and the second s		ugust I	12, 18	369	90	yrs.	Months	Days	Haurs	Min.
10 F	d. USUAL OCCUPATIO during most of working letired Doo	N (Give kind of work of life, even if retired) IMAN	done 10b. K	ind of Business or II Hotel	NDUSTR	Hage		or foreign of			1	S.A.		COUNTRY
1:	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME			•			
ш	Charle	s Poffenbe	rger				Julia	Burge	sser					
15	. WAS DECEASED EVE		RCES? 16. S	OCIAL SECURITY NO. 20-10-3620		FORMANT marles			Ad	dress Hag	erst	own,	Md.	)
CERTIFICATION	PART 1. DEATH  LOCAL COnditions, If an gove rise to immediately of the uncountered to the	ote cause DUE TO	a	Pronchor  Les There  NTRIBUTING TO DEATH	BUTNE	Fem Vento Cor RELATED TO	THE TERMIN	Land NAL DISEASE	L Sic CONDITION	O GIVE	N IN PAI	7 (o) 1'	YA. BETWEET AND DEL	ey-
MEDICAL CERTIFI		Month, Day, Yea  /-23 14  ot I took chorge	20d. IN White of wor	HOW INJURY OCCURRED 20st Not white of work emoins described Accident ,	p. PLAC factor	E OF WJURY (I by, algori, office re, held an	Home, form,	201 12(iy		ed co	Inqui	suniy) iry [].	, ond	(Stole)
27	EXAMINER'S NAME (Type)  3. BURIAL, CREMATION	BEN BEN	17	TO TO THE OF CEMENTS	Z	ASSISTA DEPUTY	MEDICAL E	L EXAMINER	<u> </u>		3	127	60	IGNED
١.	REMOVAL (Specify)	2/4/1960		Rose Hill		neterv			ION (City, to		county)	Ma-	(State	
_	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	Uel	Te pe L. A	240, REC'D	BY REGISTE	rstown		RAR'S SE	GNATUR	ylar	10
	Suter-Rou	zer Funera	1 Home	Hagersto	wn.	Md.	DATEFER					Foran	_	

or removal. VS. ATSME(5) 5M 9/55



240. REC'D EX REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

offending physician. 5 O FUNERAL DIRECTOR: )
poge 3 should be detach 9 VS A1S (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S SIGNATURE



**ADDRESS** 

.narey K. Coffn n H. ersto m Laryland

24b REGISTRAR'S SIGNATURE

Cirtius S. Hours

24a, REC'D BY REGISTRAR

DATE FEB 8

physicio attending ā ۾ been signed physician. ending certificate b ō moy be retainery the FUNERAL DIRECTOR should 9 VS A15 (4) 15M 9/58

director

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23. FUNERAL DIRECTOR'S SIGNATURE



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STATE DEPARTMENT OF HEALTH—BALTIMOKE,	18	0258
CERTIFICATE OF DEATH		6~00"
CERTIFICATE OF DEATH	Reg. Dist. No.	

	Fair	504	CERTII	FICA	TE OF	DEATH			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Washingto	n	MARYL	.AND	2. USUAL RE o. STATE	SIDENCE (Who	ere deceased	l lived. If institution b. COUNTY		nce befor	re admiss	sion)
RURAL ond give ne	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Huranstonn  8 days			N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
OR INSTITUTION	AL (If not in hospital, give	street oddr	ess)		d. STREET	ADDRESS						FARM?
	ton County	HOS					le Av					NO 🗆
3. NAME OF DECEASED (Type or print)	Frank		Ben jan	700	Reyn	olds	4. DATE OF DEATH		Pebr	l.	7 14	Yeor 1960
s. sex male	6. COLOR OR RACE 7.	MARRIED [			Peb. 2	RTH 2, 18 <b>7</b> 3	1	9 AGE (in years lost birthday) 89 yrs	Months	Days	Hours	Min,
100. USUAL OCCUPATIO during most of work Tarner	N (Give kind of work doning life, even if retired)	ne 10b. KINE	o of Business of	RINDUS	TRY 11 BIRTH Gre	ensbu	or foreign co	ountry) Id •	12. CI	TIZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME	George Re	ynol	is	_	14. MOTHER	R'S MAIDEN N		⁄ <b>di</b> a Ste	phe	У		
	IN U. S. ARMED FORCES If yes, give wor or dates of service	ce)	IAL SECURITY NO.	1	rdia 1	liller	, Smi	thsburg		d.		
PART I. DEAT	TH [Enter only one couse TH WAS CAUSED BY IMMEDIATE CAUSE (o)	per line fo	r (0), (b), and (c).]	den	AAN	deck	gest	ion.			ERVAL BE	
Conditions, if or gave rise to in couse (a), stating t	ny, which (b)	Tu fg	pouleus	J'i	CEUMO	NA	/			2	66 8	c KS
NOTH PART II. OTH	ER SIGNIFICANT CONDIT	4 -	TRIBUTING TO DEA			TO THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PA	RT 1(o) 1	PERFO	ALTOPSY PRMED?
PART II. OTH	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER;	b DESCRIBE	HOW INJURY OC	CURRE	(Enter noture	e of injury in P	ort I of Part	ti of item 18.)				7
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. INJUR While of work	Y OCCURRED  Not while of work	20e. PL/ foc	CE OF INJUR tory, street, of	Y (Home, form, fice bldg., etc.	20f. (City	or fown)		(County)		(Stote)
21, I certify the	at I attended the de	eceased 1		グ death	accurred o		<u> </u>	the causes an			stated	d above
ACTUAL SIGNATURE	M Randey	Mal		1	AD. E.	R. LA 5. MA	adle	reet, city or town,	stote) MA		2-15	E SIGNED
PHYSICIAN'S ENAME (Type)	. R. Lardi	za ba	1				hsbur					
220. BURIAL, CREMATION REMOVAL (Specify)	2-17-6	1	Sithsbu					tion (City, town,	or county)		(Stot	re)
23. FUNERAL DIRECTOR'S			ADDRESS			240 REC'E	EB 1 7	RAR 24b, REG	STRAR'S S			

a funeral director, and be filed with r death. Page 4 TO HOSPITAL ATTENDING EMYSICIAN: The low requires that the dmoth certificate me executed within 24 hours are death may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registrar prior to buriol, cremation, or removal, and in any event within 72 hours often death.

VII A15 (4) 15M 9/SB



Rose Hill Cemeterv

Hagerstown, Maryland

ADDRESS

Hagerstown.

24a, REC'D BY REGISTRAR

DAFEB 2 3 '60

/1.960

Suter-Rouzer Funeral Home

Year

19 60

(State)

Maryland

24b. REGISTRAR'S SIGNATURE

Cithur & Kraus

TO FUNERAL VS A15 (4) 15M 9/58



### CERTIFICATE OF DEATH

		255	S CEI	CHIFICA	IE OF DEATH	•		Reg. Dist. N	lo.	
g. CC	E OF DEATH	HINGTON	٨	ARYLAND	USUAL RESIDENCE (WI		ed If institution b. COUNTY	n: Residence be		
b CII	TY OR TOWN (IF	outside corporate limits, w		RB.	C. CITY OR TOWN (IF C		limits, write RL	JRAL and give	nearest law	m)
d. N.	SHITHGIO	L (If not in hospital, give N COUNTY F	street address) HOSPITAL		/dustreet Appress	ALTIMO	RE ST.		ON.	SIDENCE A FARM? NO []
	ASED or print)	EVA	MAE	san]	BOWER Lost	4. DATE OF DEATH	FLBRU	ARY	19	Year 19 6
. SEX	MALE		MARRIED   NEVER M	ARRIED   8.	10/15/189		AGE (In years lost birthday) 68s	Months Day		
duri	UAL OCCUPATION IN MOST OF WORKING OUSE, I. I.	g life, even if retired)	HOME	SS OR INDUST	MARYL	_	ry)	12 CITIZEN	OF WHAT	
	HARLES	SHAW			14. MOTHER'S MAIDEN I AMANTHA		L			
S WAS		IN U. S ARMED FORCES' yes, give wor or dates of service			ORMANT S AMANTHA	CONWAY	HA	ASTO N MD.		
ga cod lyin	A O onditions, if on one rise to im use (a), stoling to go ouse lost.  PART II. OTHE	mediate DUE TO  e under CI  R SIGNIFICANT CONDITI			Hen Lesses			EN IN PART 1(0	J S VAS PERF	ALTOPS ORMED? NO
. <u>                                     </u>	ACCIDENT WAS CONTRIBUTING [ EITHER, NOTIFY N TIME OF INJURY Haur o. m. p. m.	CAUSE OF DEATH EDICAL EXAMINER)  Manth, Day, Year	20d INJURY OCCURRED While Not while of work of work	20e PLAC	(Enter nature of injury in E OF INJURY (Hame, farm ry, street, office bldg., etc.	, 20f (City or		(Coun	ty)	(Sta
	re an	t I attended the de	/ /	that death o		M, fram the	causes and		ate state	
SIGI	'UAL NATURE 'SICIAN'S	D. J	, 100	М.	. 135 North	Potomac	Street		~ ~	

M death. Page 4

may be retainty the haspital or attending physician.

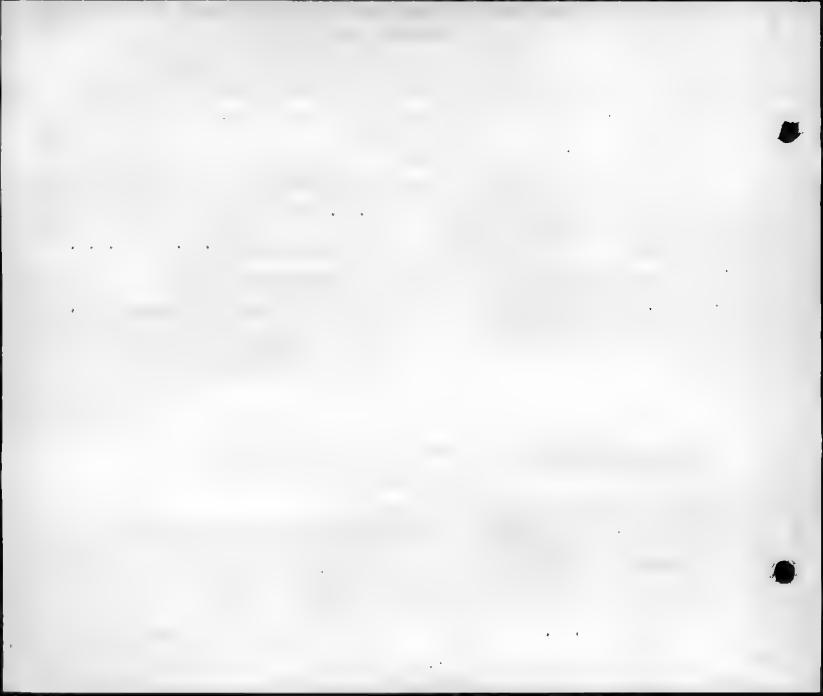
TO FUNERAL DISCIPLEMENT SHEET THIS certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL VS A1S (4) 1SM 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



2569

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 302

02585

	1. PI	LACE OF DEATH					2 USUAL RESID	ENCE (WI	here deceosed	d lived. If institution b. COUNTY	on: Residen	ce befor	e admissi	ion)	
			hington		MARYI	LAND	Maryland Washington								
	ъ.	CITY OR TOWN (IF RURAL and give ned	outside corporate limit	ts, write	c. LENGTH OF STAY	IN 15		OWN (If a	outside corpo	rote limits, write R	URAL ond	give neo	rest lown	j	
		Hagersto	*		8 days		03 Hagerstown								
g.	d	NAME OF HOSPITA	L (If not in hospital, g	ive street	address)		d STREET ADDRESS  e IS RESIDENCE ON A FARM?								
/			n County H	ospit	ital		22 Broadway							NO 🔣	
	3. N	IAME OF	Fin	si	Middle		Last		4. DATE	Mon	rth	Do	y 1	(eor	
		ype or print)	CHARLES		EDGAR		SEIB	ERT	DEATH	Februar	ГУ	10	1	960	
	5 \$E	EX	6. COLOR OR RACE	7. MARI	RIED 🔀 NEVER MARRIE		DATE OF BIRTH			9. AGE (In years lost birthday)	IF UNDER				
		male	white	WIDOW	ED DIVORCED		February	29,	1880	79 yrs.	Months	Doys	Hours	Min.	
	10a.	USUAL OCCUPATION	N (Give kind of work ong life, even if retired)	done 10b.	KIND OF BUSINESS OF	R INDUS	TRY 11. BIRTHPLA	CE (Stole	or foreign o	ountry)	12 CITI	ZEN OF	WHATC	OUNTRY?	
		arber	mg me, even it tellico,				Hagerstown, Maryland U.S.A.								
	13. F.	ATHER'S NAME					14. MOTHER'S	MAIDEN I	NAME						
		Co	nrad Seibe	rt			Ba:	rbara :	Freise						
					SOCIAL SECURITY NO.	FORMANT			Add	ress					
	,	no   (If yes, give wor or dates of service)   214-09-1730A   Mrs. Anna J. Seibert   Hagerstown, Maryland													
	1	TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).]  INTERVAL BETWEEN ONSET AND DEATH													
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Colonary Occurs														
		420,0	DUE TO							4	-	1			
		Conditions, if ony, which ) (b) Callery delevels Heart Seem Sylvens												-211-0	
	gove rise to immediate couse (a), stating the under-														
		lying couse lost.	(c)												
	Ö	PART II. OTHI	R SIGNIFICANT CON	DIT ONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T-1(o) 1	9 WAS A	AUTOPSY RMED?	
3	CATION													NO 🔁	
	CERTIF.	20a ACCIDENT WAS	UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter noture of	injury in	Port I or Por	t II of item 1B )					
		IF EITHER, NOTIFY A	MEDICAL EXAMINER												
	MEDICAL	Not TIME OF INJURY	Month, Doy, Yes				CE OF INJURY (Hory, street, office			or town)	{(	County)		(Stote)	
	MEC	p. m.	19	While of wor	k Ot white	100	01); 111001; 011100	ulug , e.c	1						
		21. I certify the	it I attended the	deceas	ed from /-	150	1960	. ta	5-10	196-	that I la	ist saw	the d	eceased	
		alive on 2	-9-6	019		death				the causes an					
			1	2	XX			7	ADDRESS (S	treet, city or town,	stote)		DAT	E SIGNED	
		ACTUAL SIGNATURE	11. Zw.	Du	10)			X	Fur	lituro 2	Samp/		7/11	/	
1				J							/	/	16	0	
*	l  i	PHYSICIAN'S NAME (Type)	PEW	H/	V16 I						r 				
	220	BURIAL, CREMATION	, 225. DATE THEREO	F	22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCAT	TION (City, town,	or county)		(Stote	e)	
	E	REMOVAL (Specify)	2/12/196	0	Rose Hill	Cem	eterv		Hage	rstown.	M	arvl	and		
			signature r runeral	Home	ADDRESS				D BY REGIST	RAR 24b REGI	STRAR'S SI	GNATUI	E		
		Hanklin P		MOUS	Hagerstow	n, M	aryland	DATEFE	B 1 5 '6	O Cui	Chur L.	than	d.		

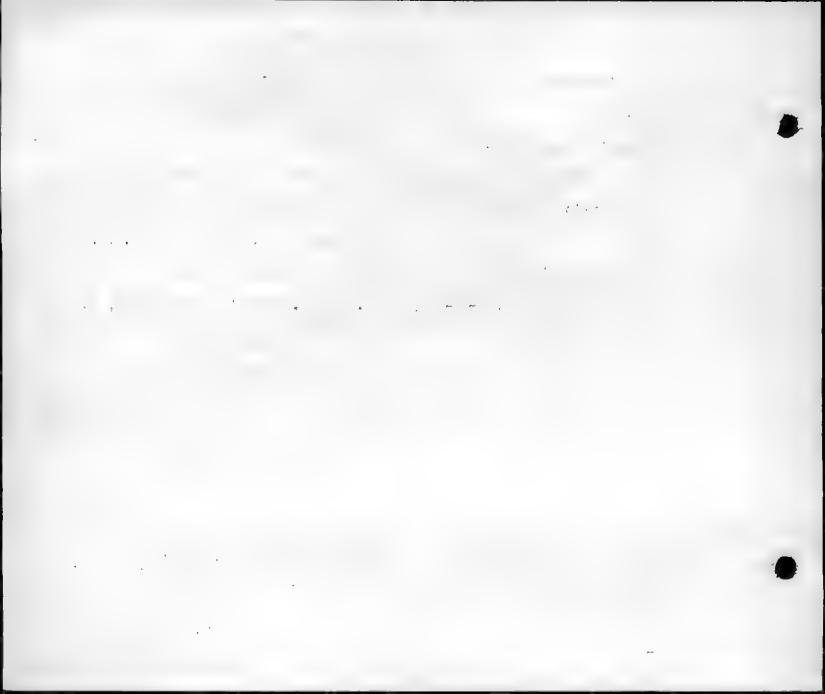
death. Page 4

may be retain y the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removements propers. Pages 1 and 2 should be filed with page 3 should be detached for use as the burial-transit permit. Then please earnove arbon popers, the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs off it death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL 9 VS A15 (4) 15M 9/5B



Celetery

erstown Wash Co

24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

DA EEB 2 6 '60

Rose Hill

Coffman Hagerstown Ed.

FUNERAL I 9 VS A15 (4) 1SM 9/58

23. FUNERAL DIRECTOR'S SIGNATURE



TO HOSPITA TITILIDING PHYSICIAN: The low requires that the death certificate be executed within 2 haury per death. Page 4 may be refined by the haspital or attending physician.

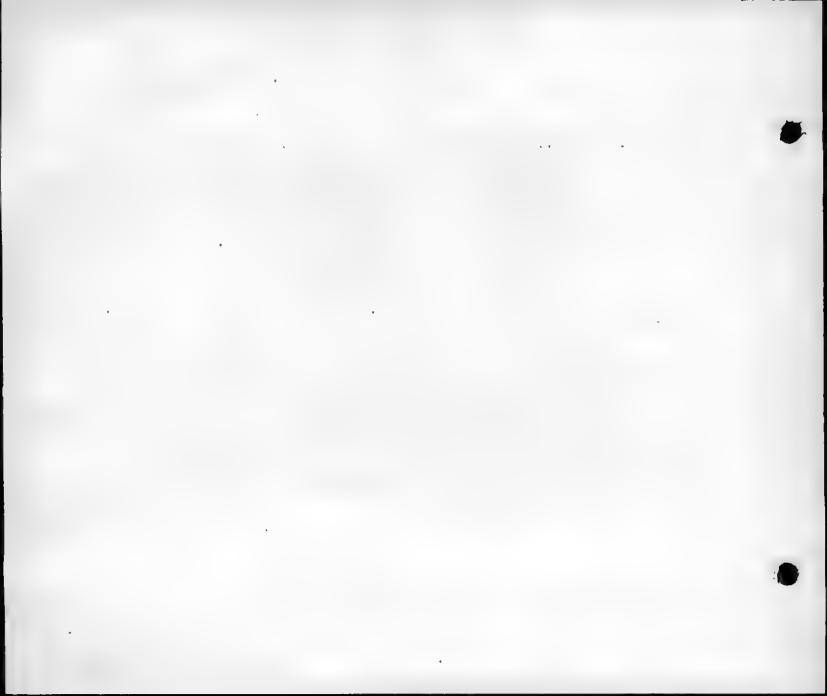
TO FUNERAL DIR.ICTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72,bears, after death.

2571

02587

		COUNTY	shington		MAR	YLAND	2. USUAL RESID	Md.		d lived IF institut b. COUNTY		e before		on)	
	t	. CITY OR TOWN (If RURAL and give nea コュロアト		s, write	c. LENGTH OF STAY	IN 1b		own (IFo		prote limits, write l	RURAL ond g	ive neare	st town		
		NAME OF HOSPITA	(If not in hospital, gr	ve street		d. STREET A	DDRESS	ilain :	St.				DENCE FARM? NO [[]]		
		NAME OF DECEASED	First	t	Middle		Los		4. DATE OF	Mo	oth	Day Year			
		Type or print)	Cla	ra	V	S	hank		DEATH	2		14		9_60_	
	5. S	EX	6. COLOR OR RACE	7. MARE	RIED 🔝 NEVER MARRI	ED 🔲 🗎	B. DATE OF BIRTH	1		9. AGE (In years lost birthday)			Hours	R 24 HRS Min.	
		female	white	WIDOWI	ED DIVORCE	D	March 1	3, 18	79	80 yrs	Mollins	Days I	nours	min.	
	10d USUAL OCCUPATION (Give kind of work done of work done)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  housewife  12. Author of Working life, even if retired)  home  Big Pool, Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME										12.CIT:7	USA USA			
Daniel Shives Elizabeth Weaver															
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address															
	[Yes	no or unknown) (II	yes, give wor or dates of ser	rvice)	none	Ţ	. Harry	Shank		Hagerst	own, M	d			
		PART I. DEATI			10 for (0), (b) and (c)  12 1-2  20 21	210	Sclar	nie hie	he.	al diss	b.,	INTERNONSET	AND Y	TWEEN DEATH	
	gove rise to immediate couse (a), stating the under lyng couse tost.  (c)											Ď	42	grand.	
·E	CATION	PART II. OTHE	R SIGNIFICANT COND	OTTONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM!	NAL DISEAS	SE CONDITION GI	VEN IN PART		PERFO	RMED?	
	CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY A	UNDERLYING TO CAUSE OF DEATH	20b DES	CRIBE HOW INJURY C	CCURRE	Enter nature o	Finjury in I	Part I or Par	rt II of item 18.)					
	MEDICAL	20c. TIME OF INJURY Hour o. m, p. m,	Month, Doy, Year	While	NJURY OCCURRED  Not while of work		ACE OF INJURY II			y or town)	(C	ounty)		(State)	
		21 I certify that saw the decease	(1) (this haspital)	attend	. /		, -		M, fram	14 Fala	, 19_ <u>/</u> nd an the				
		220. SIGNATURE	An Dol	00	Make	,	ATTENDING	X DI	ED RECTOR	STAFF PHYS		9	221	SIGNED	
		77er PHYSICIAN S NAME (Type)	Elden J	J.	-oachle	m la	22d. ADDRE	SS // C	3 4	2,2000	1	3	1		
	230	BURIAL, CREMATION	I. 236 DATE THEREOI	F	23c NAME OF CEM	ETERY O	R CREMATORY		23d LOCA	TION (City, town,	or county)		(Stote	3)	
		burial	2-3.7-60		Rest H	aven	Cemeter	y	Hage	erstown		1	Md.		
	24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			250. REC'	D BY REGIS	TRAR 25b. REG	ISTRAR'S SIG	NATURE			
	Fr	ed W. Krai	ss Hare	rsto	wn, Md.			DATE CT	m 177	60 0	Thur &	House	t.		

VR A15 (4) 15M 9/59



	Solit		CATE OF DE		Reg. Dis						
COUNTY Washi	ngton	MARYLA	n STATE	ICE (Where deceased lived. Land	If institution: Resident COUNTY Garre	ce before odmission)					
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN		VN (If outside corporate lim	its, write RURAL and g	give nearest town)					
Hager	stown,	2 weeks	Kitzm	miller,	17	17 1					
d NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, give street	oddress)	d STREET ADDI	RE5S		e, IS RESIDE ON A FA					
Western	Maryland Stat	e Hospital				YES N					
B. NAME OF DECEASED (Type or print)	George	Dewey	SHARP	LESS 4. DATE OF DEATH	Month 2	Day Year					
S. SEX		RIED 🗌 NEVER MARRIEĎ	8. DATE OF BIRTH	9 AGE	(In years IF UNDER burthday) Months	1 YEAR IF UNDER 2					
Male	White widow	ED DIVORCED [	x\$ept. 16,	, 1900   5	9 yrs. Months	Days Hours					
0o. USUAL OCCUPA	TION (Give kind of work done 10b orking life, even if retired)		NDUSTRY 11. BIRTHPLACE	E (State or foreign country)	12. CITI	ZEN OF WHAT COU					
	ner Spf	t Coal Min	es Maryla	ind.	U.3	S.A.					
3. FATHER'S NAME			14. MOTHER'S MA								
W11]	liam S. Sharpl	.03\$	Sarah	Fulmer							
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT		Address						
no	It's yes, give way or adves or servicial		Stanley Sh	narpless D	eer Park	. Md.					
18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]											
33/X	DUE TO	eribral	y received.	r accide	7.3,	4 Ivee					
Conditions, if gove rise to couse (a), statin lying couse los	Ony, which ony, which immediate but to but to					T I(o) 19. WAS AUT					
Conditions, if gove rise to couse (a), statin lying couse los	ODUE TO  ony, which immediate immediate get the under.  it. (c)  OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH									
Conditions, if gove rise to couse (a), stell lying couse los Part II. Co	ony, which immediate in mediate in the under-the conditions.  Other significant conditions.  Wimary Dra	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH		DITION GIVEN IN PAR	T I(o) 19. WAS AUT					
Conditions, if gove rise to couse (a), statin lying couse lost Part II. C	DUE TO  ony, which immediate ig the under.  I. (c)  OTHER SIGNIFICANT CONDITIONS  WAS UNDERLYING [] WAS UNDERLYING [] VALUE OF DEATH FY MEDICAL EXAMINER  URY Month, Doy, Year 20d I While	CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE CTI ON A	IETERMINAL DISEASE COND Jury in Port I or Port II of it	DITION GIVEN IN PAR Item 18.}	T I(o) 19. WAS AUT					
Conditions, if gove rise to couse (a), stair lying couse los Part II. Couse (b).  Part II. Couse (c) and couse los Part II. Couse (a), stair lying couse los Part II. Couse (b).  20a. ACCIDENT VOR CONTRIBUTE (IF EITHER, NOT IN). Hour o. n. p. n.  21. I certify alive an point live an point lying actual signature.  PHYSICIAN'S	DUE TO  ony, which immediate immediate in the immediate i	CONTRIBUTING TO DEATH  CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not while of work  sed from January  Color on that de	URRED. (Enter noture of in foctory, street, office black of the black	ine, form, 20f (City or town dg., etc.)  To August 1  ADDRESS (Street, cit.)	DITION GIVEN IN PARTIES IN 18.)  (C)  (C)  (C)  (D)  (C)  (C)  (C)  (C	Tounty)  Tounty)  Tounty)  Tounty)  Tounty)  Tounty)  Tounty					
Conditions, if gove rise to couse (a), stair lying couse los Part II. Couse (b) Part II. Con Contribution of Contribution of Contribution on p. n. 21. I certify alive an Couse of Contribution of Contributio	ODUE TO  ony, which immediate in mediate in the under.  I. (c)  DIHER SIGNIFICANT CONDITIONS  WE WAS UNDERLYING [1]  WHILE  OF WOOD  That I attended the decease  ALLEY [17]  Young E. Chun	CONTRIBUTING TO DEATH  CCT V1 1-2  CRIBE HOW INJURY OCC  NJURY OCCURRED  The of work	BUT NOT RELATED TO THE CT. on URRED. (Enter noture of in foctory, street, office bleed). 19.60.  M.D. 1500 Per	ieterminal disease continuity in Port II of it  ne, form, 20f (City or tow dg. etc.)  to Free American The co  ADDRESS (Street, city  Persona Ave	DITION GIVEN IN PAR Jem 18.)  (C. 19.60, that I la auses and an the by or town, stole)  (C. 19.60, that I la (C. 19.60, that I l	Tounty)  19. WAS AUT PERFORM YES N  Note:					
Conditions, if gove rise to couse (a), statis lying couse los Part II. Con Contribution (IF EITHER, NOT)  20c. TIME OF INJ Hour a. n. p. n. 21. I certify alive an Physician's NAME (Type)  220. BURIA, CREMA)	ODUE TO  Ony, which immediate immediate in mediate in the under- ing the under- i	CONTRIBUTING TO DEATH  CCT V1 1 2  CRIBE HOW INJURY OCC  NJURY OCCURRED  The of work   20  The of work	BUT NOT RELATED TO THE CT. on URRED. (Enter noture of in foctory, street, office bloom of the course	iury in Port I or Port II of it  me, form, 20f (City or tow dg., etc.)  10 Fribheld   17  55-AM, frant the coadoness (Street, ci	iem 18.)  (Co. 19.00, that I la auses and an the by or town, state)  Hagerston  (ity, town, or county)	Tounty)  Tounty)  Tounty)  Tounty)  Tounty)  Tounty)  Tounty					
Conditions, if gove rise to couse (a), stair lying couse los Part II. Couse (b) Part II. Con Contribution of Contribution of Contribution on p. n. 21. I certify alive an Couse of Contribution of Contributio	ony, which immediate graph and in the under- ing th	CONTRIBUTING TO DEATH  CCT V1 1-2  CRIBE HOW INJURY OCC  NJURY OCCURRED  The of work	BUT NOT RELATED TO THE CT. CON  URRED. (Enter noture of infoctory, street, affice black)  A.D. 1500 Per  RY OR CREMATORY  Cemetery	ine, form, 20f (City or town dg., etc.)  To AM, fram the coad and an arrow (Carrett Carrett  22d, LOCATION (Carrett  Carrett	DITION GIVEN IN PAR Jem 18.)  (C. 19.60, that I la auses and an the by or town, stole)  (C. 19.60, that I la (C. 19.60, that I l	Tounty)  10) 19. WAS AUT PERFORM YES N  Note: No					

■aoth. Page

may be retained by the haspital or attending physic an.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaine carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after aboth. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 haurs

TO HOSPITAL VS A1S (4) 15M 9/58



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02589

	7.	626	IPPIAN	SE EXAMIN	LIX 4	GLKII				Reg. I	Dist. No	(, ~ U	00
1,	PLACE OF DEATH	ash	ing	ton MARY	<b>LAND</b>	2. USUAL RE	1)	mere deceases	lived. If Institu		lence be	fore odmi	usion)
	b. CITY OR TOWN (If owisi	de corporate limits, w	rile RURAL	c. LENGTH OF STAY	IN 1b	c. ÇITY O	R TOWN (If a	outside corpo	rote limits, write	RURAL or	id give n	egrest tov	vn)
	and give nearest town)	erste	unte	yal		Ch	am	ber	stru	rq,		75X	,
	Jale Witey	CINITUTION	. / .	ce ut	n) 2122_	d. STREET	ADDRESS /	wil;	ford (	The		ON.	S DENCE A FARM? NO []
	NAME OF DECEASED (Type or print)	2.20	First	Middle		The	flesh	OF DEATH	. Felin	h L	Day 8		par 960
5.	SEX Male 6.	COLOR OR BAC	E 7. MARRI WIDOWE	_/		DATE OF BIRTI	11,18	384	AGE (In years lost birthday)	Months	Days	Hours	R 24 HRS. Min
100	a. USUAL OCCUPATION ( during most of working life  NELL 2	e, even if ratined	k done 10b.		INDUSTI	RY 11. BIRTHPL	ACE (State of	r foreign cou	intry)	12 CI	IZEN O	F WHAT	COUNTRY?
13	FATHER'S NAME	1	28	1 110		14. MOTHER'S	MAIDEN NA	VME.					
	Ther	derc	- X1	retifler			rrie :	Saith					
(Ya	. WAS DECEASED EVER IN no. or unknown)   If yo	N U. S. ARMED F		SOCIAL SECURITY NO.	_	a S.	Sheff:	ler J		Hayw d Br	boo	Ave	J.
	18. CAUSE OF DEATH	Enter only one c	avse per line	for (e), (b), and (c).	1	1/	/	. / ()	,		INTER	VAL BETWE	EN /
	PART I. DEATH W	AS CAUSED BY:		Aclino	tre	14	Car	オース	TR	-2	AVX	+ Let	der
	420.0	-BUE-F	8 /	X +	- /	0	/ \	_/	4-1/	1 2		1 1	,
	Conditions, if ony, gove rise to immediate	COULD	ъ	ernu	<u>ر</u>	an	lla.	C (	anti	llre	- 4	072	20
	(o), stoting the unde	rlying DUE To	(c)										
CATION	PART II. OTHER S	IGNIFICANT CO	INDITIONS CO	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	IALDISEASE (	CONDITION GIV	EN IN PAI		PERFO	NO
CERTIFI	200. EXTERNAL CAUSE A PRIMARY () or CONTRIL CAUSE OF DEATH.	WAS BUTING []	20b. DESCRIB	E HOW INJURY OCCUP	RED. (Er	iter noture of in	ijury in Part I	ar Port II of	Fitem 18.)				
3	20c. TIME OF INJURY	Month, Day, Y			De PLAC	E OF INJURY (I	Home, form,	20f. (City o	r town)	(Co	unty)		(Stote)
MED	Hour o. m.	19	9 While	ork at work	10010	ry, sireer, orrice	blog., elc.j						
	21. I certify that	i took charg	ge of the	remains described	d abov	re, held on	Autopsy	, Ins	pection .	Inqui	ry 🔲	and f	ind that
	death resulted fro	m: Natura	causes [	, Accident ,	Suic	ide 🔲, H	lomicide	, Unc	determined o	ouse 🔲	].		
	ACTUAL SIGNATURE	12 cd	代长	Erewer			MEDICAL EXA	MINER	4.3	3	11/6	DATE SI	GNED
	EXAMINER'S NAME (Type)	avio	IP.	Brew	27		MEDICAL EX		action	rdir	29	Hry	Rua
220	BURIAL, CREMATION, REMOVAL (Specify)	226, DATE THERE	EOF	22c. NAME OF CEMET	RY OR	CREMATORY		22d LOCATIO	ON (City, town,	or county)		(Stote	)
E	Juriel	Mar.2,	1960	Lincoln	Cem	1	(	Chamb	ersbur	e Fr	ank'	ling	n Da
23.	FUNERAL DIRECTOR'S SIG	4000	105 N	- Pottos ac	Ct	112	24a. REC'D	BY REGISTRA	R 24b. REG!		GNATUI	E	A 2
	Suter-Rous	er Fun	30 6 76	dagerato	WII.	Md.	DATE MA	R 4 '6	U C	- Jersey /	, , , , , , , , , , , , ,		

DATE MAR 4

VS. A15ME(5) 5M 9/55



ı		7.	57,	CERTIF	ICAI	E OF D	HIA							
ľ	1. PLACE OF DEATH				1		DENCE (Who	ere decease	d lived. If instituti	on: Resider	ce befor	e admit	ssion)	
1	o. COUNTY	Washington		MARY	LAND	o STATE	Md		b. COUNTY		Wash	ing	ton	
ŀ	b CITY OR TOWN (	If outside corporate lim		c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If or	itside corpo	orote limits, write R	URAL and	giva nec	rest tow	m)	
1	RURAL and give of	rstown		TE hand		Hagerstown								
Ì		TAL (If not in hospital,	give street			/d. STREET A		- Mar				e. IS RE	SIDENCE	
P		. Co. Hospi	tal			90	9 Mul	berry	Ave.		_		A FARM?	
ſ	3. NAME OF	Fi		Middle		Last		4. DATE	Mon	ith	Da	y	Yeor	
ı	(Type or print)	Charl	.es	Donald	Sh	erman		OF DEATH	2		28		19 6	
Ì	5 SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D B	. DATE OF BIRTH	1		9. AGE (In years lost birthday)	IF UNDER				
	male	white	WIDOW	VED DIVORCE	ZJ C	June 8.	1903		53 yrs	Months	Days	Hours	Min.	
Ì	10a. USUAL OCCUPATE	ON (Give kind of work	done 10b	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (State of	or foreign c	country)	12.CIT	IZEN OF	WHAT	COUNTR	
ı	musici		'	club musici	an	St.	Loui	s. Mo		U	SA			
Ì	13. FATHER'S NAME	Const.				14. MOTHER'S								
ı		A. H. Sherm	an			Rose	Smit	h						
ı	15. WAS DECEASED EVI	ER IN U. S. ARMED FOI	RCES? 16	. SOCIAL SECURITY NO	17, INI	ORMANT			Add	ress				
ı	(Yes, no, or unknown)	(If yes, give war or dates of	rety(ce)		A	. H. She	erman	909	Mulherr	v Ave		C	ity	
ı		ATH   Enter only one co	ouse per !	line for (o), (b), and (c)					a programme approximation	,	INTE	RVAL B	ETWEEN	
ı	PART I. DE	ATH WAS CAUSED BY:	. Ц.,	drothorax	mi c	tht aga	itos	e hd	ominous			et ant 1 km (	D DEATH	
ı	1101	DUE TO	_	GIUGHOLAX	1.18	SILO GOO	1005	<u> </u>	OMITHOUS		- 41	4 4774	U IJAS	
ı	Conditions, if	1. Q		terioscle	not:	a Hony	+ D4	0000	0		117	akne	OWN	
ł	gove rise to	immediate (	_	<u>terioscre</u>	1.0.01	C Heal	וע טי	2000	¢ .		Ul	10,111	JWII	
ŀ	couse (a), stating lying couse lost.	rne <u>under-</u>												
				CONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	SE COND TION GIV	VEN IN PAI	RT 1(o) 1	9. WAS	AUTOPS	
	Man Man	nutritio									`	PERF	ORMED?	
ı	20g ACCIDENT W		1	SCRIBE HOW INJURY OF	CCURRED	(Enter nature o	f injury in P	ort 1 or Po	rt II of item 18.)		1		1 10 2	
ı		AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)												
1		RY Month, Doy, Ye	or 20d	INJURY OCCURRED		CE OF INJURY (			y or town)	(	County)		(Stot	
1	Hour o.m.	19	While at we	e Not while	toci	ory, street, office	bldg., etc.	1						
1		- 4 / 1 \ / 1 det - 1 1			C TT .	- la wa a a a a a	070	60 1-	Pohama	O Ro	50 1	-4 (13		
	21, 1 cernity in	on de anti-re and (1) 10	n arren	ded the deceased 27 _ 19.60, and	trong_6	oruary	2:1	15 c	rentuar.	y.207.1	ou in	ar (1)	(Asch-10	
	220. SIGNATURE	ised drive on E. C.	ے وی	LE 17_9_9 , and	triat de	1		TW, IFOR	me couses or	ia an in	e aare		26 DATE	
	/ /	1/11- 1-7-			4.	ATTENDING	S IK ME	D RECTOR [	STAFF PHYS		2	129	/86N	
ł	22c PHYSICIAN'S	4. 19	ma		A.D DIRECTOR PHYS D 2/29/0									
Milliam T. Layman, M.D. Hagerstown, Maryland									nd		0•			
23g. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY								23d LOCA	ATION (City, town,	or county)		(Sto	ote)	
	REMOVAL (Specify	Cemetery	7	Нас	erstown		lid.							
	24. FUNERAL DIRECTOR	3-1-60 R'S SIGNATURE		ADDRESS				BY REGIS	· .	STRAR'S S				
i	Fred W. Kr.	aiss Has	erst	own. Md.			DATEANR	2 '6	O Cal	hug S.	Fires			
	7 - 0 W 11 0 Y/Y	1100					17117	D	U	eracing gally	A benny fin			

TO HOSPITAL ATENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs for death. Page 4 may be release by the hospital or attending physician.

TO FUNERAL CTOR: After this certificate has been signed by the attending physicioprond compretely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remaye darbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or remayal, and in any event, within 72 haurs offer death. VR A15 (4) 15M 9/59

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**CERTIFICATE OF DEATH** ウミウィ

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	- Small	<u> </u>			Keg. Disi	. 100.
1. PLACE OF DEATH	shington	MARYLAND	- CTATE '	where deceased lived. I yland b.		before admission)  derick/
Hagerste	WA	c. LENGTH OF STAY IN 16		If outside corporate limit	s, write RURAL and gi	ve nearest lawn)
d. NAME OF HOSPI OF INSTITUTION Washingto	TAL (If not in hospital, give street on County Hes	oddress) pital	d. STREET ADDRESS	Mai n Stre	et	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print)	Felix	Middle Osear	Shorb	4. DATE OF DEATH F	ebruary	11 Yeor 19 60
s. sex male	6. COLOR OR RACE 7. MAR		Jan. 16,	1886 9. AGE		YEAR IF UNDER 24 HRS. Doys Hours Min.
during most of wor	ION (Give kind of work done 10b rking life, even if retired)	. KIND OF BUSINESS OR INDL Catholic Chu	rca Mary	land		U.S.A.
13. FATHER'S NAME  John	Sherb		14. MOTHER'S MAIDE			
15. WAS DECEASEDEY		A St. 2 B	INFORMANT		Address hurmont,	Md.
1 1	immediate the under-	ine for (0), (b), and (c).]  Oroseary  Leneralized  Derelyab	arterio arterio	scleros cleros	is is	INTERVAL BETWEEN ONSET AND DEATH
200 ACCIDENT W	THER SIGNIFICANT CONDITIONS  (AS UNDERLYING   20b. DE	CONTRIBUTING TO DEATH BUT WELL BUT WELL BUT OF THE SCRIBE HOW INJURY OCCURRENCE OF THE SCRIPE OF THE SCRIBE HOW INJURY OCCURRENCE OF THE SCRIPE OF THE	NOT RELATED TO THE TEL  CO. (Enter nature of injury	in		1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	While		ACE OF INJURY (Home, for clary, street, office bldg.,		) (Ce	ounty) (Slate
ACTUAL SIGNATURE	hat I attended the decea Def- 10 19 Toseph C. Cri	60, and that death	M.D.  King St.	ADDRESS (Street, city	uses and an the	DATE SIGNED
20. BURIA., CREMAT OF REMOVAL (Specify	22b DATE THEREOF 2-15-60	22c. NAME OF CEMETERY C		22d. LOCATION (Cit	ont, Mary	(Stote)
Raymond I	es signature comme	ADDRESS Thurmont, Me	ryland DATE	FEB 1 6 '60	24b. REGISTRAR'S SIGI	NATURE PLANE

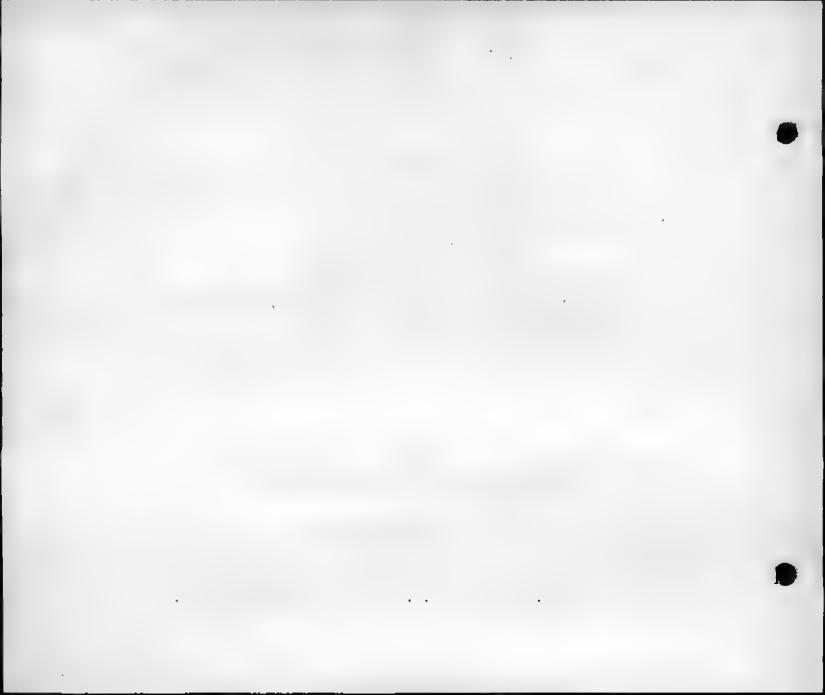
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of death. Page 4 may be reta. By the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VII A15 (4) 15M 9/58

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PLACE OF DEATH   Security   Sec			MAKTLAND STATE DEPARTMENT OF REALTH—BALTIMOKE, 18
ASTREET ADDRESS.    A COLOR OF BACE   1 MARTINADO   1 MART		L	257t CERTIFICATE OF DEATH Reg. Dist. No.
The state of personal managing gives sheet endogress)    A STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A COLOR OF SACE   A MARRIED   Novice marked   STREET ADDRESS.   A	M)		COUNTY
DATE OF STATE OF STAT			Stagers foron 2 cheys TREEncustle Pa. 770
DECEASE   S. COLOR OF BACE   NARRIED   NEVER MARRIED   S. DATE OF BEATH   D. 19   19   19   19   19   19   19   19	2021	6	ON A FARM?
TOO USUAL OCCUPATION (Give had of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Exists or foreign country)  100 USUAL OCCUPATION (Give had of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Exists or foreign country)  100 USUAL OCCUPATION (Give had of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Exists or foreign country)  11. MASTERSES NAME  12. MASTERSES NAME  13. WAS DEPENDED FOR THE STATES MAIDEN NAME  14. MATTERSES NAME  15. WAS DEPENDED FOR THE STATES MAIDEN NAME  16. LORGE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (b), and (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Enter only one count por line for 10). (c)  18. CAUSE OF DEATH (Ent			DECEASED (Type or print) LVA A SHUMAN DEATH Feb. 19, 196019
Address MADE TO STATE OF DEATH [Enter only one couse per line for (o). (b). and (c) [INTERVAL BETY ONE FLATE OF PART I. DEATH WAS CAUSED BY:    18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c) [INTERVAL BETY ONE FLATE OF INTERVAL BETY ONE FL			F WIDOWED DIVORCED 3/13/1888 Inst Dirthday) Winding Doys Hours Min.
The country is a contribution of the country in the			Housekeeper Home State Line, Pa. U.S. A.
18. CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c)]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  Conditions, if any, which gove rise to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to immediate couse (c), stoling the under thing gove line to the transport of the terminal disease condition given in Part 1(g) [19, WAS AU PERFORM YES [IN PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) [19, WAS AU PERFORM YES [IN PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) [19, WAS AU PERFORM YES [IN PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) [19, WAS AU YES [IN PART II DEATH TO THE SIGNIFICANT CONDITIONS CONTRIBUTION OF CONTRIBUTIO	rs ofte		Cyrus GRaham Annie Ford
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Circle To I of the work is considered to the course of the cour	1 72 llau	15. (Ye	or an harmful at the transfer of the transfer
gove rise to immediate course (a), stating the under lying couse lost (c).  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11(a) 19. WAS AU PERFORM YES OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION STREET, CONTRIBUTION CONTRI	within		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]  PART I. DEATH WAS CAUSED BY:
gove rise to immediate course (a), stating the under lying couse lost (c).  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11(a) 19. WAS AU PERFORM YES OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION STREET, CONTRIBUTION CONTRI	y event		32/X DUE TO Secretized acterioscheris Chileroni
PERFORM YES N  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED while of work of the state of th	- Pe		gove rise to immediate couse (a), storing the under Overto at the Arte Arter of the
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	oval, a	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?  YES NO (2)
21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  21. I certify that I attended the deceased fram.  22. Attended the deceased fram.  23. Function I can be a control of the control o	arren,	10.	
actual signature of the date stated Adoress (Street, city or town, state)  Actual signature of the date stated Adoress (Street, city or town, state)  PHYSICIAN'S NAME (Type)  John H. Hornbaker M.D.  154 West Washington Street 2:  PHYSICIAN'S NAME (Type)  John H. Hornbaker M.D.  120 BURIAL EREMATION, 12b. Date THEREOF 12c. NAME OF CEMETERY OF CREMATORY 12d DOCATION (City, Iown, or county) (Sport)  270 BURIAL EREMATION, 12b. Date THEREOF 12c. NAME OF CEMETERY OF CREMATORY 12d DOCATION (City, Iown, or county) (Sport)  271 FUNERAL DIRECTOR'S SIGNATURE 12d. RECISTRAR'S SIGNATURE 12d. RE	remation	MEDICA	Hour a, m, While Not while factory, street, office bldg., etc.) !
ACTUAL SIGNATURE JC LL JT Jton Cu. M.D. 154 West Washington Street 2:  PHYSICIAN'S NAME (Type)  JOHN H. HOMBARY M.D. Hagerstown Mde  220 BURIAL EREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, Iown. or county) (Specify) 2/22/60 Clay H.D. 240. RECID BY REGISTRAR'S SIGNATURE  23. FUNERAL DIRECTOR'S SIGNATURE AUDRESS 240. RECID BY REGISTRAR'S SIGNATURE  ADDRESS (Street, city or town, stole) DATE  154 West Washington Street 2:  PHYSICIAN'S NAME (Type) JOHN H. HOMBARY OF CEMETERY OF CREMATORY CITY OF COUNTY OF	riol, a		
PHYSICIAN'S NAME (Type)  John H. Hornbaker M.D. Hagerstown, Mda  220 BURIAT PREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY  REMOTE (Specify)  212 GO GAY  221. FUNERAL DIRECTOR'S SIGNATURE  AUDIESS  AUDIESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  AUDIESS  AUDIES  AU	or to		ADDRESS (Street, city or town, state)  DATE SIGN
220. NAME OF CEMETERY OR CREMATORY REMORT (Specify) 2/22/60 220. NAME OF CEMETERY OR CREMATORY REMORT (Specify) 2/22/60 23. FUNERAL DIRECTOR'S SIGNATURE AUDIESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  4)	stror pri		PHYSICIAN'S
1) (1) Missaid - Dreparable 25:60 Orthog & Thous.	the regit		PREMOTO (Specify) 2/22/60 CEMETERY OR CREMATORY (City, lawn, or county) (Store) (Store)
) I would be a second	4)	23.	



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Dan Dink Ma

1	fy.	U G a	Keg. Disi, 140. 702							
)	1, PLACE OF DEATH 0. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY							
	Washington		Maryland Washington							
	b. CITY OR TOWN (If outside corporate limit RURAL and give nearest lawn)	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Rural Williamsport	4 years	X Rural Williamsp	ort						
	d. NAME OF HOSPITAL (If not in hospital, gi	ve street address)	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM?						
	R.F.D. # 2		/R.F.D. # 2	YES NO						
	3. NAME OF DECEASED (Type or print) FREDERICK		LICK, SR. 4. DATE OF DEATH	February 13 1960						
	S. SEX 6. COLOR OR RACE			AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Hours Min						
	male white	WIDOWED DIVORCED	January 16, 1901	lost birthdoy) Months Doys Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work d during most af working life, even if retired)	one 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign cour	12 CITIZEN OF WHAT COUNTRY?						
	Meat Cutter	super Market	Hagerstown, Mar	yland U.S.A.						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	, , , , , , , , , , , , , , , , , , , ,						
	William H.	Slick	Emma Stou	ffer						
	15 WAS DECEASED EVER IN U. S. ARMED FORG	ES? 16. SOCIAL SECURITY NO. IT	NFORMANT	Address						
	no	213-18-9221 Mr	rs. Fred Slick Williamsport, Md.							
	1B. CAUSE OF DEATH [Enter only one cou	use per line for (o), (b), and (c).]	1 4 1 1 1	INTERVAL BETWEEN						
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Comman Occh	Min Cardit	Sidnichus Suava						
	420 1 DUE TO		71)							
	Conditions if now subjets			I and the second						
	gave rise to immediate									
	cause (o), stating the under-									
	lying cause lost (c)		ALCOY API A TER TO THE TERMINAL DISPASS	CONTROL OVER A CAPT IV. TO MAKE ANTONIV						
3	PART II. OTHER SIGNIFICANT COND	SITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	3			YES NO 🔯						
	PART II. OTHER SIGNIFICANT COND  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Port 1 or Port II	of item 18 )						
	3 20c TIME OF INJURY Month, Day, Yea	r 20d. INJURY OCCURRED 20e PL/	ACE OF INJURY (Home, form, 20f. (City of	town) (County) (Stote)						
	20c TIME OF INJURY Month, Day, Yea Hour o. m.	THINE HOI WILLIE	tory, street, office bldg., etc.)							
			10 5/10	(0.1						
	21. I certify that I attended the			, 19 <u>@V</u> hat I last saw the deceased						
	alive an Telolo	_, 1900, and that death	accurred at 4-501-14, fram th	e causes and an the date stated abave.						
	14-TA T.	· h	Appress_Istre	et, city or town, state) DATE SIGNED						
,	SIGNATURE JULI	15/401								
	PHYSICIAN'S FFLUS &	4/	Hoventry	1 71/						
	220 BURIAL, CREMATION, 22b. DATE THEREO	F 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATIO	N (City, town, or county) (State)						
	Burial 2/16/1960		V	town. Maryland						
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRA							
	Syter-Rouzer Funeral	Home Hagerstown. N	4 7 101							
	TO A SECTION OF SECTION ASSESSMENT	11045 0100714116 1	~~							

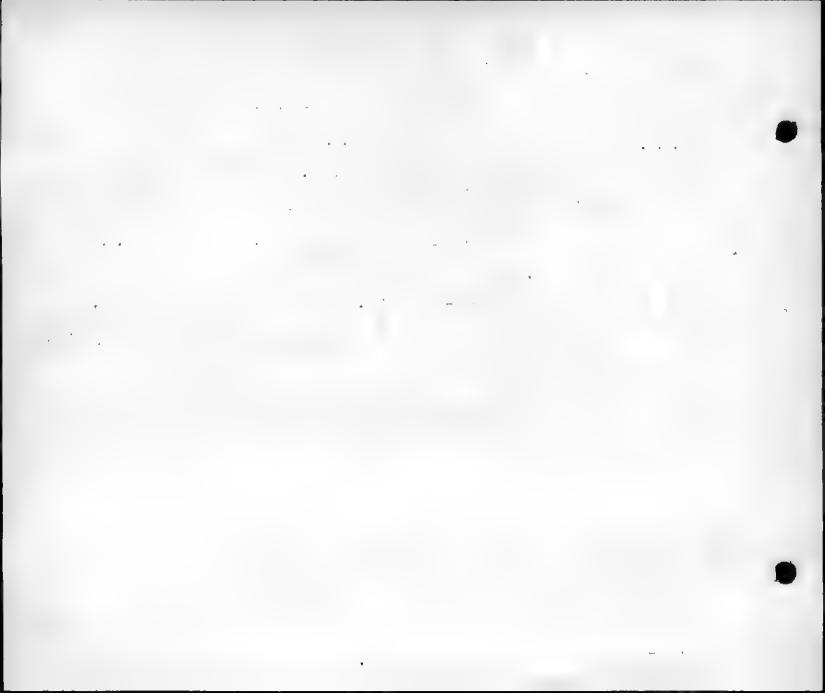
Hagerstown, Md.

moy be reto the hospitol or ottending physicion.

TO FUNERAL MACION: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages. Pages 1 and 2 should be filed with deoth. Poge 4 ETTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours deoth. the registror prior to buriol, cremotion, or removol, and in any event within 72 hours affect

TO HOSPITAL

V5 A1S (4) 15M 9/SB



director, filed with erai è shauld 25 5 papers. compli puo pou ofter Cor physician remove 9 attendi ā gned ite has been sig physic certificate use DIRECTOR: shauld HC. noy be reit.

9

certificate be executed

b. COUNTY Washington c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? Rural Sharpsburg Washington County Hospital YES K NO [ Middle 4. DATE Manth Year DECEASED Smith Columbus James DEATH Feb. 1960 (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months White Feb. 16 1889 WIDOWED [7] DIVORCED | Male yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Ice Wash, Co. Md. Made Lce U. S. A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Smith Minnie Davis INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address No Mrs. Howard M. Swain Sharpsburg Nd. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X 200. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) M.E. 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or lawn) (Stote) (County) factory, street, office bldg., etc.) Not while C Haur o. m. While at work at work p. m. 2-27- 1960 that I last saw the deceased June - 1959, to 21 I certify that I attended the deceased from 6 PM, from the causes and on the date stated above. \_\_\_, and that death accurred at\_ alive an ADDRESS (Street, city or town, state) ACTUAL SIGNATURE JOSEPH SECONDAR. PHYSICIAN'S NAME (Type) 22¢ BURIAL CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY (State) BULL 18 1 March 1-60 Manor Cemetery Tilghmanton 24b. REGISTRAR'S SIGNATURE 23. FUNBRAUDIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) Orthur & Kroug 1SM 9/S8



certificate be

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



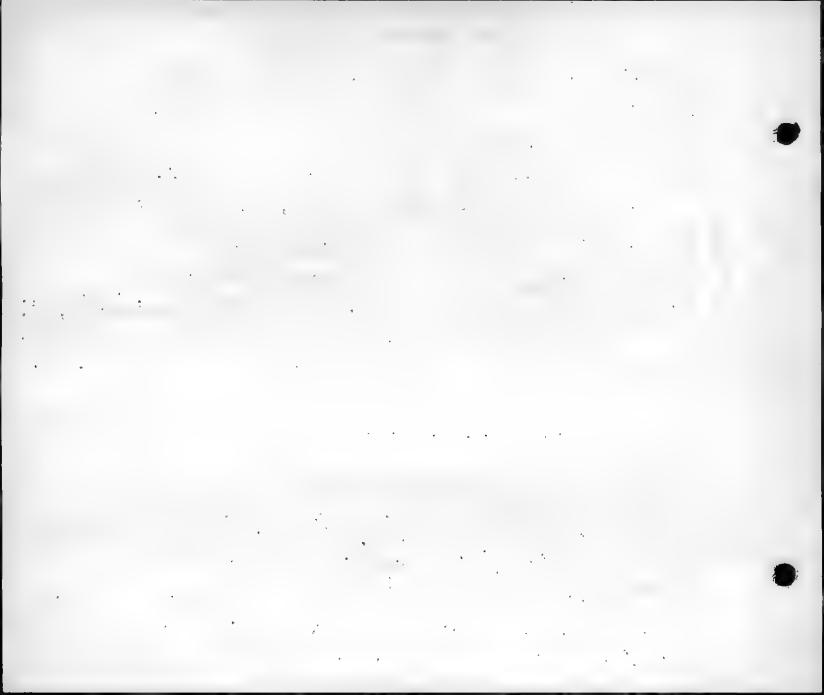
		2:	288	CERTIFIC	CATE OF L	PEATH	1		Reg. Dist	. No.	
a. COUNTY	shington			MARYLANI	II AL STATE	ylva	nere deceased	Crawic			
b. CITY OR	TOWN (If autside corp d give neorest town)		vrite   c. LEN	NGTH OF STAY IN 1	c. CITY OR	TOWN (If a	outside corpor	rate limits, write RI			
Hagers				3 Days	RURAL	Camb	ridge	Spring	Ç <b>S</b>	7.	
OR INSTI	HOSPITAL (If not in Intron Cington C				RFD #					10	RESIDENCE
3. NAME OF DECEASED (Type or prin	nt)	First Odessa	***			Smith		Feb.		23	
s. sex Femal		0	MARRIED 🗍	NEVER MARRIED DIVORCED	April	14,1	.892	9. AGE (In years last birthday) 67 yrs		YEAR IF UI	NDER 24 HRS
HOU	CUPATION (Give kind of working life, ever LSEW1fe	d of work done n if retired)		DF BUSINESS OR IN Home	Penr	sylv	ania	untry)		EN OF WHA	AT COUNTRY?
73. FATHER'S N	AME				14. MOTHER'S	MAIDEN	NAME				
107.70	eigh Har					y El	izabe	th Grif	fith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  NO  NO  NO  NO  RECAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  GENERAL I ZED CARCINOMA  Address  Address  No											
170 X  Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.  DUE TO  CANCER OF BREAST WITH METASTASES  DUE TO  (c)											YEARS
OR CONTR	DENT WAS UNDERLY! IBUTING [] CAUSE O NOTIFY MEDICAL EX	NG 20b OF DEATH AMINER)	. DESCRIBE H	IOW INJURY OCCUI	RRED (Enter nature a	finjury in I	Port I ar Part	If of item 18.)			
	20c. TIME OF INJURY Month, Doy Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour a. m. While Nat while foctory, street, office bldg., etc.) (County)										
21. I certify that I attended the deceased from 1 DEC. L 19 59, to 23 FEB. 19 60 that I last saw the deceased alive an 23 FEB. 19 60 and the death accurred at 1:15 M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, stole)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) RICHARD (T. BINFORD, M. D. HAGERSTOWN, MARYLAND 23 FEB. 60											
220 BURIAL, C REMOVAL BIILIE	(Specify) F b.		60 Ro		Cemeter:		Meade	ON (City town, coville,	Penn	sylv	ania
23 PUNERALID	RECTOR'S SIGNATUR	zaf.		iamsp <b>or</b> t	, Md.		D BY REGISTI 3 2 5 '60		STRAR'S SIGI		

M

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have an edeath. Page 4 may be retormay be retormay be retormated by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/5B



PIELE WILLE WILLIAM OF WHAT COURT OF STATE OF THE STATE OF STATE O				MARYL	AND STA	TE DEPART	MENT OF I	HEALTH	I—BALTI	MORE, 1	8		t sur / V sa.
COUNTY   Mashington	1 11			(	2628	CERTIFIC	ATE OF	DEATH	1		Reg. Dist. 1	No. () Z	5597
b. CITY OF TOWN If Bothless corporate limins, write RUBAL and give necestations)  FINAL and give reveals from 1 houses, per street 400 Yrs, RUTT 1 Hagers Court  Final Address  Hagers Court  Final Nobel  STREET ADDRESS  ANAME OF DEATH RECORDS WITH 150 Nobel  STREET ADDRESS  STREET ADDRESS  ANAME OF DEATH RECORDS WITH 150 Nobel  STREET ADDRESS  STREE	131	1	COUNTY	shi noton		MARYLAND	o. STATE		_			_	
Rupal Hagerstown    A NAME OF DESTRICTION   Hagerstown #55   A STREET ADDRESS			b. CITY OR TOWN I	If outside corporate limits	s, write   c. LEN	IGTH OF STAY IN 18				e limits, write RL			
Second   S		L	Rural Ha	gerstown		yrs.	Ru:	ral Ha	gerstow	m			
3 NAME OF FIRST   First   S. SER   S. COLOR OR BACE   7. MARKED   S. SMITT   S. DATE	_		OR INSTITUTION		#2 an	)	d STREET	ADDRESS				e. IS RE	SIDENCE A FARM?
DECRATED    DEATH   Fob   10   1960	1	L		nagerator	m #5							YES 5	NO 🗌
5. SEX MALE White Male White Middle M		1	DECEASED	Firs	l .		lo	ral lat			_	,	
Male White widowed DIVORCED Feb. 1, 1885   Soft brittery   Months Doys Hours Mile    100. USUAL OCCUPATION (Give kind of work doome 106 KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (Stole or foreign country)    12 CHIZEN OF WHAT COUNTRY   12 CHIZEN OF WHAT COUNTRY   13. AND FED    13. ATHER'S NAME		<u></u>				Snurr	9 DATE OF DIN	Per					
100 USLAN OCCUPATION (Give kind of work done)   100 KIND OF BUSINESS OR INDUSTRY   11. BIRTHFIACE (Stole or foreign country)   12 CITIZEN OF WHAT COUNTRY   13. FATTER'S NAME   14. MOTHER'S NAME   14. MOTHER'S NAME   14. MOTHER'S NAME   15. MOTHER'S NAME   16. SOCIAL SECURITY NO.   17. INFORMANY   18. CAUTIE S. Smurr   18 Junckle   18 Jun						_			γ.	lost birthday)			
Father  13. FATHER SHAME  Simon Smith  14. MOTHER'S MAIDEN NAME  Simon Smith  15. WAS DECEASEDERER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  NO.  18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o).  DUE TO  Conditions, if ony, which gove rise to immediate.  OF COUNTRIPUTING II CAUSE OF DEATH  OF CONTRIBUTING II CAUSE OF DEATH  OF CONTRIBUTING II CAUSE OF DEATH  URE FITTER DO BECKERE HOW INJURY OCCURED.  While Owner of Injury in Port I or Port II of item 18 1  OF CONTRIBUTING II CAUSE OF DEATH  URE FITTER DO BECKERE HOW INJURY OCCURED.  While Owner of Injury in Port I or Port II of item 18 1  OF CONTRIBUTING II CAUSE OF DEATH  URE FITTER COUNTRIBUTING I CAUSE OF DEATH  URE FITTER COUNTRIBUTING I CAUSE OF DEATH  UR FITTER CO	1	10a	USUAL OCCUPATI	ON (Give kind of work d	No.		USTRY 11, BIRTHP		or foreign coun	(N)	II2 CITIZEN	OF WHA	I COUNTRY
13. FATHER'S NAME  SIMON SMUTT  15. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, if only, which gove rise to immediate course [a], storing the under [a], to be an experiment [b].  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPER CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  (FETTHER, NOTHER'S MAIDER NAME  200. ACCIDENT WAS UNDERLYING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPER CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTION CAUSE			during most or wor	king life, even if retired)									
15 WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   No.   18. CAUSE OF DEATH   Enter only one couse per line for (a). (b). and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (b). (b). and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (b). (b). and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (b). (b). and (c).   18. CAUSE OF DEATH   Enter only one couse per line for (b). (b). and (c).   18. CAUSE OF DEATH   18. CAUSE OF DEA	The same of	13.			1 1 1	I III GI						.U. H.	•
15 WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   No.   18. CAUSE OF DEATH   Enter only one couse per line for (a). (b), and (c).			Simon Snu	err.			E3.	la Jun	ckle				
18. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate course (o). stoling the under lying course last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOF PERFORMED: YES OR OCKNISIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH OF CO		15		ER IN U.S. ARMED FORCE		SECURITY NO. 17		0.00		Addre	ess		
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Couse (o), stoling the under lying cause lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP PERFORMEDT YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)    20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. Day, Teach of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. Day, Teach of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. Day, Teach of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. (City or town) (County) (Side of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. (City or town) (County) (Side of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. (City or town) (County) (Side of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20b. (City or town) (County) (Side of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20c. (City or town) (County) (Side of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20c. (City or town) (County) (Side of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20c. (City or town) (County) (Side of Injury in Port 1 or Port II of item 18 )   20c. TIME OF INJURY MEDICAL EXAMINER   20c. (City or town) (County) (Count				mmediate (		rachen	uneon					10.	gr
20a. ACCIDENT WAS UNDERLYING DATH  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18]  20c. TIME OF INJURY Month, Day, Yeor While of work of			couse (o), stoling	the under-		U							/
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18 )  20c. CALLE OF INJURY Month, Day, Year 20d. INJURY OCCURRED While   20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)   20f. (City or town)   (County)   (Side)    20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While   NoI while   Of work		NO	PART II. OT	HER SIGNIFICANT COND	ITIONS CONTRI	BUTING TO DEATH B	T NOT RELATED TO	O THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART 1(d	19. WAS	AUTOPSY
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor		ICA1		de	weles	Mille	ميه						
21. I certify that I attended the deceased from Jan. 3, 1957, to Jel. 10, 1940, that I last saw the deceased live on No. 17, 1259, and that death accurred at 6:00 P.M. from the causes and on the date stated ab ADDRESS (Sireet, city or town, state)  ACTUAL ADDRESS (Sireet, city or town, state)  PHYSICIAN'S NAME (Type)  PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL [Specify]  REMOVAL [Specify]  Burial  211/60  Green Hill  Waynesboro, Penna.  23 EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  24a. REC'D BY, REGISTRAR'S SIGNATURE		CERTII	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	206. DESCRIBE H	OM INJURY OCCUR	RED. (Enler noture o	of injury in F	Port I or Port II	of item 18 )			
21. I certify that I attended the deceased from Jam. 3, 1957, to Jeb. 10, 1940, that I last saw the deceased alive on Nov. 17, 1959, and that death accurred at 6:00 P.M., from the causes and on the date stated ab ADDRESS (Sirect, city or town, state)  ACTUAL AC		DICAL		RY Month, Day, Year			PLACE OF INJURY	(Home, form,	, 20f. (City or	town)	(Coun	ty)	(Slote)
alive on		MEI		19									
ACTUAL		21. L certify th	nat I attended the		71								
ACTUAL  THE PHYSICIAN'S NAME (Type)  TOSEPH T- MICCESC  2/11/60  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or county) (Stote)  BUTIAL 2/11/60  Green Hill Waynesboro, Penna.  23 EUMERAL DIRECTOR'S SIGNATURE ADDRESS  24a. REC'D BY, REGISTRAR 24b. REGISTRAR'S SIGNATURE			alive on	17	, 19 <u>5 9</u>	., and that dea	th accurred at						
PHYSICIAN'S NAME (Type) JOSEPH J. MICCER 2/11/60  220. BURIAL CREMATION, REMOVAL (Specify) 2/11/60 Green Hill Waynesboro, Penna.  23 EUMERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY, REGISTRAR'S SIGNATURE			ACTUAL	00-2-1	S Y	2.000.1	1		ADDRESS (Siree)	l, city or town, s	iale)	N/ D	ATE SIGNED
NAME (Type)   CONTROL   CREMATION   COUNTY   C	1			your.	( ·		_M.D. 2709	$\omega$ .	rique	st. U	vay m	DOWN	179.
REMOVAL [Specify]  Burial 2/14/60 Green Hill Waynesboro, Penna.  23 EUTERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE  24c. REC'D BY REGISTRAR'S SIGNATURE	- (		PHYSICIAN'S NAME (Type)	JOSEPH .	T-MI	LER						2/11	160
Burial 2/14/60 Green Hill Waynesboro, Penna.  23 EUNGERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECID BY REGISTRAR 246. REGISTRAR'S SIGNATURE		220	BURIAL, CREMATIC		22c. 1	NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	V (City, Iown, or	r county)	[Slo	te)
FED 15 60		-	Burial	2/14/60									
WAVIESDOID FENDA DATE		23	WANT DIRECTOR	SSIGNATURE			22.0	24a. REC'C	B 1 5 60	24b. REGIST	TRAR'S SIGNA	TURE LOUIS.	
lone lone		42	wee 5	1 short	wayne	sooro, Per	III.	DATE					



22c. NAME OF CEMETERY OR CREMATORY

Harbaugh!s

ADDRESS

22d LOCATION (City, town, or county)

24g, REC'D BY REGISTRAR

DATE AR 4

Smithsburg #2. Franklin Co. Pa.

24b. REGISTRAR'S SIGNATURE

arthur S. Thous

(Stote)

filed 2 oud corbon hours 0 VS A15 (4) 15M 10/57

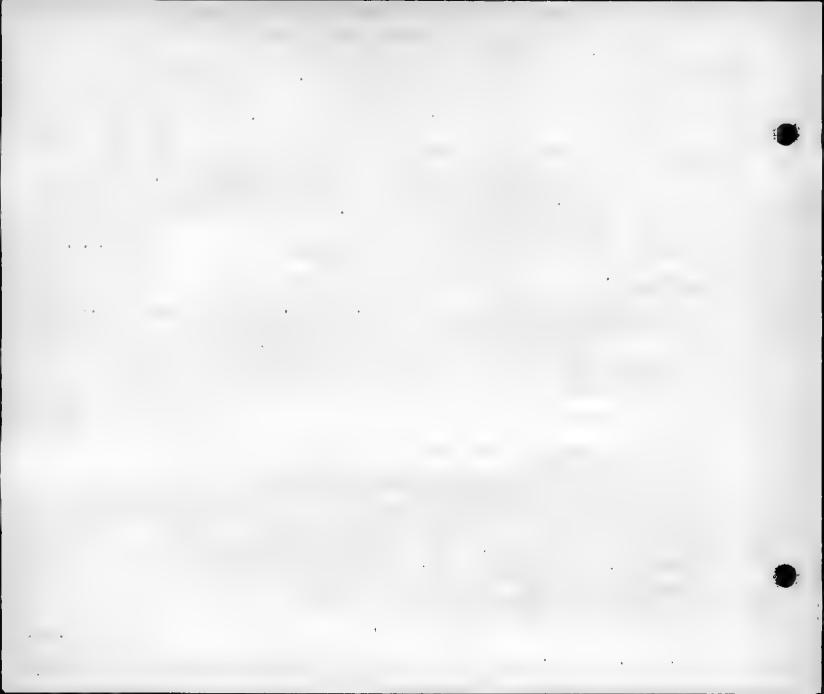
220 BURIAL, CREMATION,

REMOVAL (Specify) Buriai

23. FUNERAL DIRECTOR'S SIGNATURE

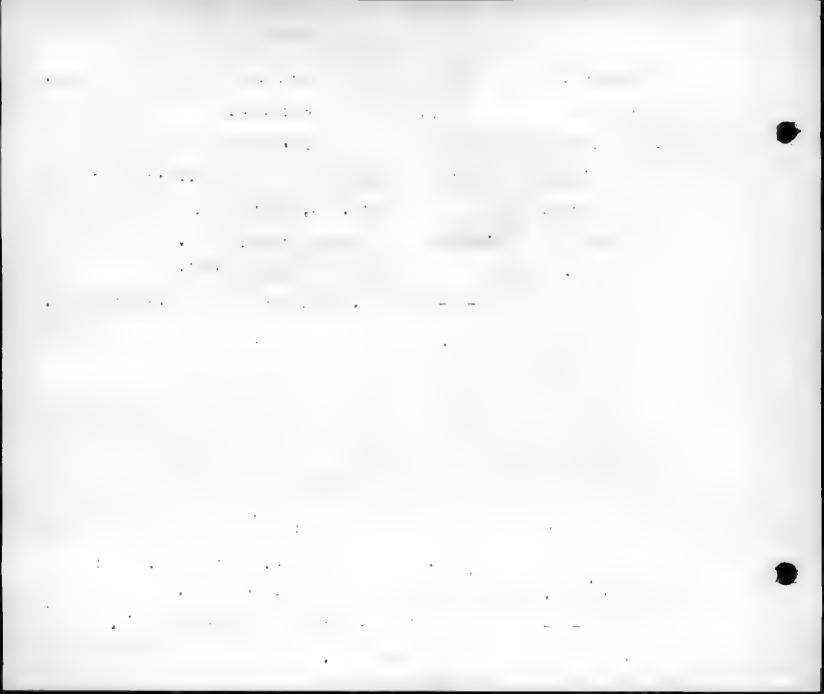
22b DATE THEREOF

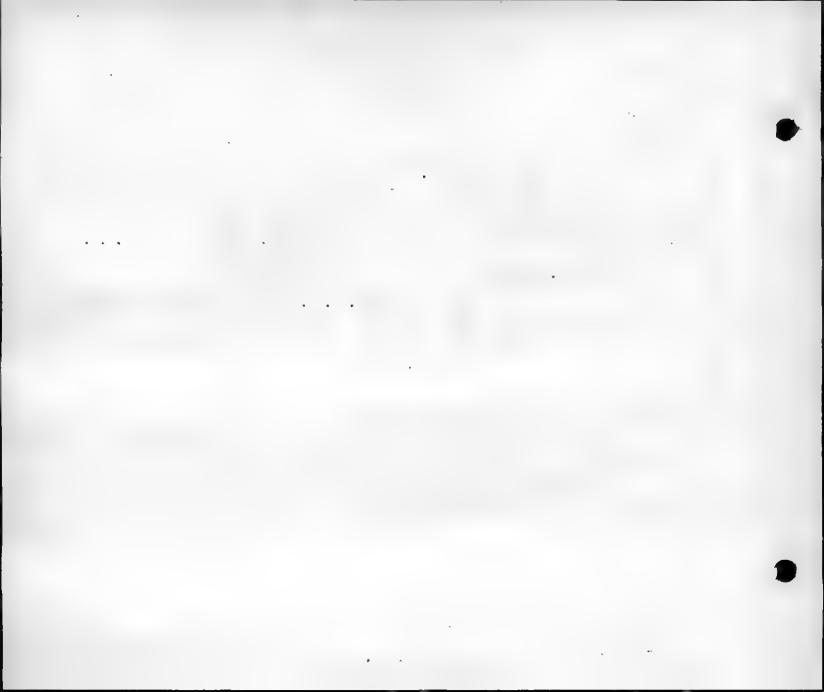
director, iled with





15M 9/58









MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Rea, Dist. No. (2) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE **b. COUNTY** MARYLAND ema. b. CITY OR TOWN Its outside comparete limits, write 2024 c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 0 d. NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? YES [ NO PT the registror NAME OF Middle DATE Month Day Yeor DECEASED (Type or print) 13 19 60 0 ور 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED | B. DATE OF BIRTH 9. AGE the years IF UNDER TYEAR IF UNDER 24 HRS. retoined 2 with th Months WIDOWED [ DIVORCED [ yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during mort of working life, even it delired) ond RC å oreman 13. FATHER'S NAME moy 14 MOTHER'S MAIDEN NAME Poges 1, poges DeR 40 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12: TNPORMANT Address Give 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: TOXEMT A IMMEDIATE CAUSE (a) e olong with fa o buriol-tronsit DUE TO THIRD DEGREE BURNS OF ENTIRE BODY SURFACE 6 hours Conditions, if any, which ] gove rise to immediate cause DUE TO (o), sloting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 0 WAS AUTOPSY PERFORMED? YES T NO-F 20g. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY IN or CONTRIBUTING Exami 3 should Evidently smoking on couch which caught fire 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Medicol Not while While MIDDLEEU RG-FRANKLIN al work ol work Pa. 21. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry and find that Accident y, Suicide , Hamicide . Undetermined cause DIRECTO cote, **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURI forwarde ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 2/13/60 cute the E. W. Ditto, Jr. M. DEPUTY MEDICAL EXAMINER K NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Slote) REMOYAL (Specify) 0 111. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246. BEGISTRAR'S SIGNATURE VS. A15ME(S) 5M 9/55

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7-5-34



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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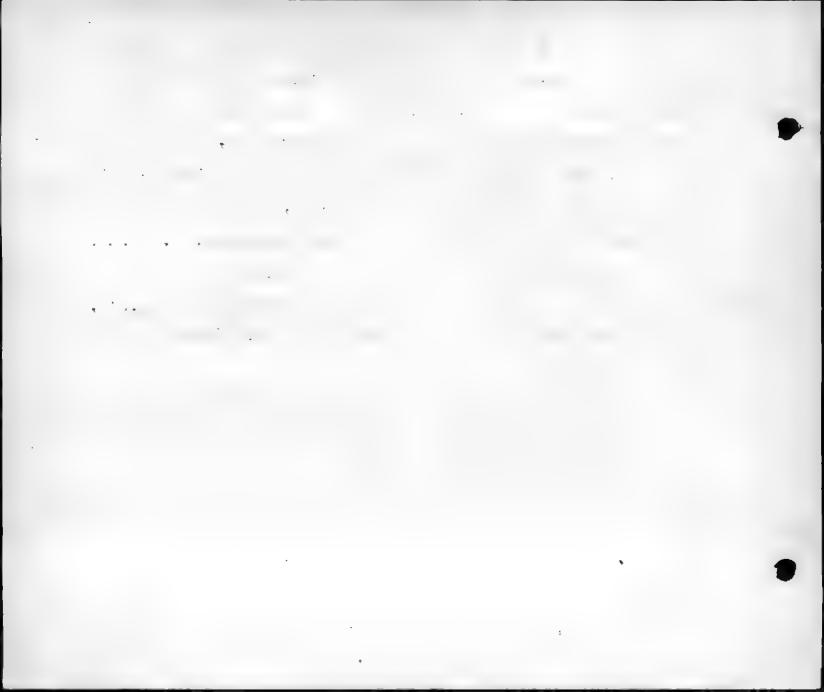
physician.

or attending phys

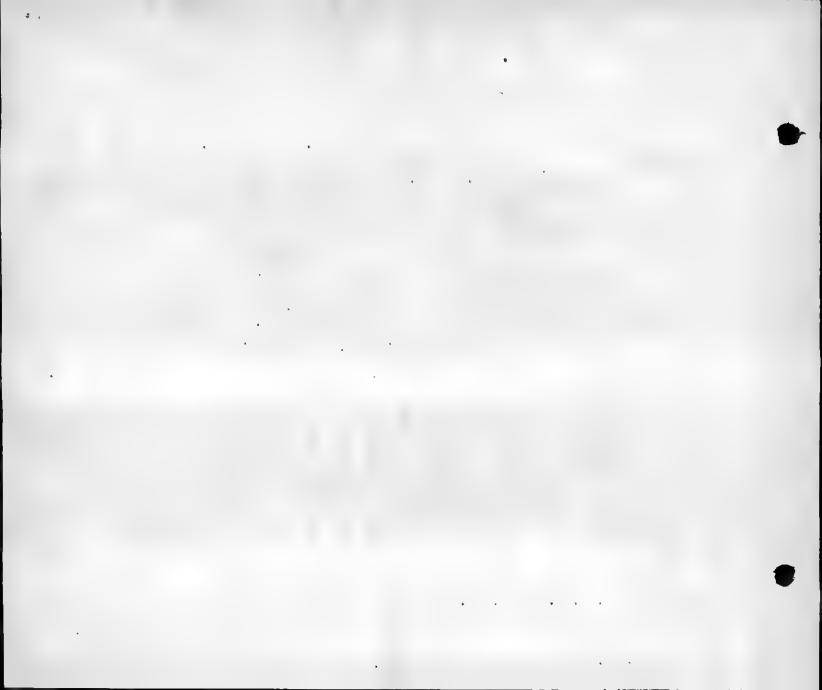
may be retained by the TO FUNERAL DIRECTOR:

15M 9/58

requires that the death certificate be executed within 24 hours



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DATE

director, \$ 33 fijéd ero þe D the by 1 puo E filled ā puo carbon offer move 듄 (C) ğ ā þ gned I te has been sig burial-transit p physician. defoched ATTENDIN by the hos DIKECTOR: Aft pe prior ge 3 should t FUNERAL poge 9 VS A1S (4) 15M 9/5B

3.

FICATION

S. SEX



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VR A15 (4) 15M 9/59

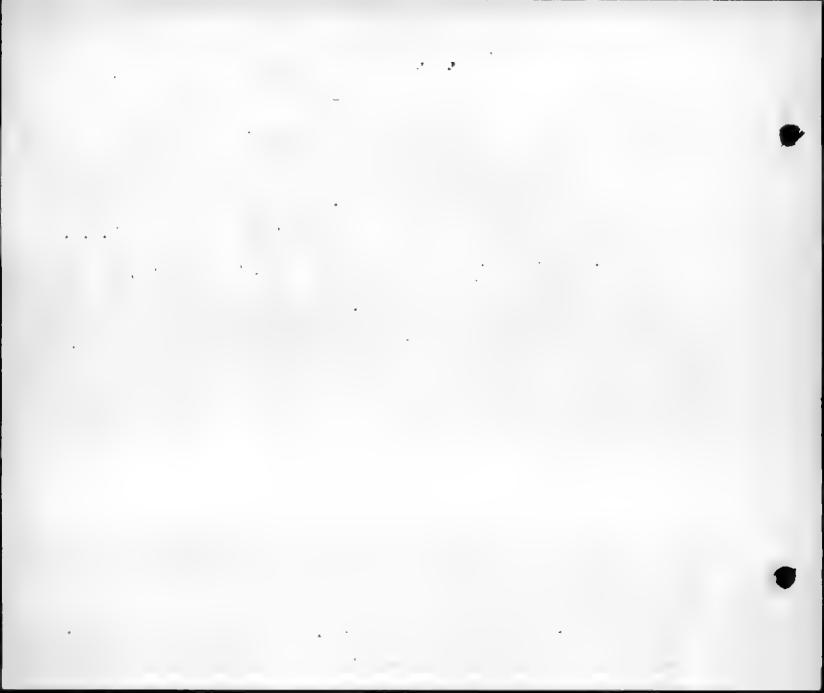
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2500

CEPTIFICATE OF DEATH

02603

١,	Sed Sel						
	1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Res dence before admission) o. STATE Maryland b COUNTY Washington				
ľ	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				
1	Hagerstown	4 yrs.	102 Hagerstown_				
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?				
	Washington Hospita	1	712 Medway Road YES □ NO D				
	3 NAME OF DECEASED (Type or print) E11a	Alice	Unger  4. DATE Manih Day Year Unger  DEATH February 26, 19 66				
	5. SEX   6. COLOR OR RACE   7. MARI White   Widow	RIED NEVER MARRIED DE DIVORCED DE DIVORCED	B. DATE OF BIRTH  Jan 13, 1883  9. AGE (In years   IF JNDER 1 YEAR   IF JNDER 24 H  In John 13, 1883  9. AGE (In years   IF JNDER 1 YEAR   IF JNDER 24 H  Months Day 3 Haurs Min				
	10a. USUAL OCCUPATION (Give kind of work done tob. during most of working life, eyen if retired)  HOUSEWITE	KIND OF BUSINESS OR INDU	Morgan County, W. Va. USA				
ı	13. FATHER'S NAME		14, MOTHER'S MAIDEN NAME				
	Frank Wise		Not known				
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no, or unknown) (If yes, give war or dotes of service) 22		NFORMANT 7I5 Medway Drive, Lvin Unger, Hagerstown, Md.				
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  H  Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  (c)	terio Sclenti Heart Failuri ute Purulut B	Theast Disoup with H. Sidal Signs.				
	PART II OTHER SIGNIFICANT CONDITIONS  20d. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOP PERFORMED? YES NO [				
	20c. TIME OF INJURY Month, Day, Year 20d I Haur a.m. 19 White p. m 19	Nat white fo	LACE OF INJURY (Hame, farm, 20f (City or lawn) (County) (Statetory, street, office bldg., etc.)				
	21 I certify that (1) (this haspital) attended the deceased from 1972 1960, to 26 12 1960, that (1) (va) last saw the deceased alive an 26 12 0 1960, and that death accurred at 82 M, from the causes and an the date stated above.						
	220. SIGNATURE F LUS DI 220. PHYS CIAN'S	7	M.D ATTENDING MED DIRECTOR STAFF MAY 60 226 DATE SIGN				
	NAME (Type) Frank 5. Lus	by, MD	230 Potomac St. Hagerstown, Md.				
	Burial 23b Date Thereof Burial 2/29/60	Greenway	Cem. 23d LOCATION (City, town, or county) (State)  Berkeley Springs, W. Va.				
	24 FUNERAL DIRECTOR'S SIGNATURE PARKS FUNERAL HOME,	ADDRESS Berkeley Spa	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE				





VS A1S (4) 15M 9/58

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RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	RYLAND ST	TATE DEPARTMEN	NT OF HEALTH—B	ALTIMORE, 18
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**CERTIFICATE OF DEATH** 2598

MA

02611 Reg. Dist. No

12000							
1. PLACE OF DEATH 0. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admission) a STATE b COUNTY.						
<u> </u>							
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
Hanar tom 11 Days	o Hagerstown						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e, 15 RESIDENCE ON A FARM?						
Lish Count: Hospital	1 +5 East Franklin St YES NO						
3. NAME OF First Middle	Lost 4. DATE Month Day Year						
OFFICE (Type or print)  ROSANNA  GUYER	TEPB DEATH Feby 9 1960 19						
5. SEX   6. COLOR OR RACE   7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Manilhs Days Hours Min						
Fenale Thite WIDOWED DIVORCED	April 20 1902   S7 yrs.   Manths Days Hours Min.						
10a. USJAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) D 12 CITIZEN OF WHAT COUNTRY?						
during most of working life, even if retired) Housewife Own Hor.e	Latrobe "estuorland Co USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William M. Guver	Euphemia Baumgardner						
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.   IN	IFORMANT Address						
(Yes, qq, or unknown) (If yes, give war or dates of service)	cancis L. Webb 145 E. Franklin St						
	Havanatown I.d Interval Between						
18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH						
IMMEDIATE CAUSE (o)	ucinama of Colon Typai						
/53, 7 DUE TO							
Conditions, if any, which (b)							
gove rise to immediate couse (a), stating the under-							
lying couse last. (c)							
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
ATI	PERFORMED?						
20g. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar Part 11 of item 18.)						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLA	ICE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State						
Hour a.m. While Nat while	tary, street, affice bldg., etc.)						
p. m. 19 ol wark al wark							
21. I certify that I attended the deceased fram 46	19 54, to, 76-9, 19 4. Aat I last saw the deceased						
alive an 405 8 19 60, and that death	accurred at 6 A.M. fram the causes and an the date stated above						
	ADDRESS (Street, city ar tawn, state)  DATE SIGNET						
SIGNATURE Paul Haus on	A.D.						
PHYSICIAN'S NAME (Type)							
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)						
TO REMOVAL (Specify)	IT						
Eurial  3/11/60   Rest Haven	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE						
Andraw K. Coffnen Hajerstownd.							
	DATE FEB 11 '60 arithur of thous						



1. PLACE OF DEATH

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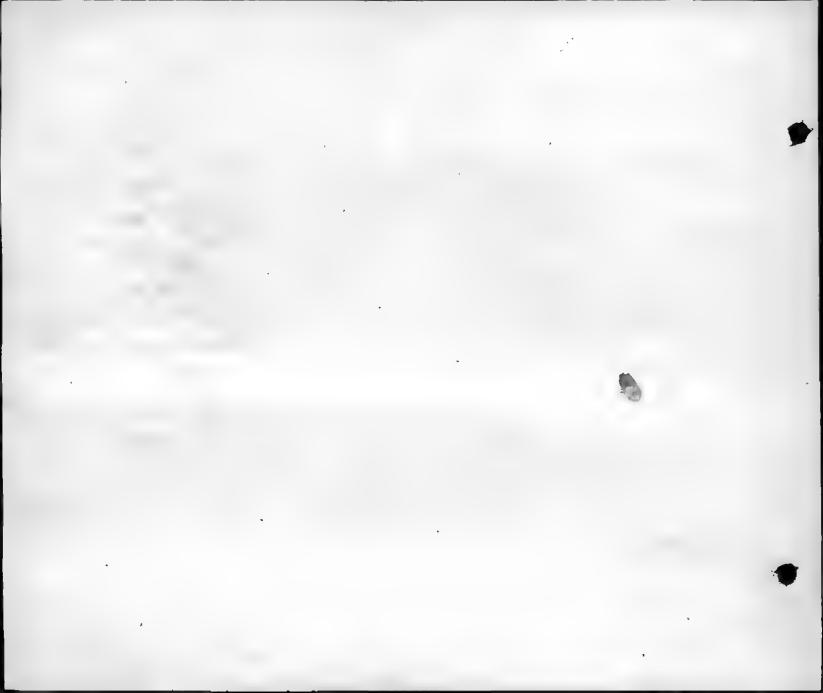
DIVISION OF STATISTICAL RESEARCH A	DEPARTMENT OF HEALTH UZ612  INTE OF DEATH
(ATCI/V MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o STATE b. COUNTY  MARY CAND  WASHIVOTON
orporate limits, write c. LENGTH OF STAY IN 1b  W/V In hospitol, give street oddress)	COL HOLLOW ROAD. RURAL  od STREET ADDRESS  e. IS RESIDENCE ON A FARM?
First Middle  EVELAND - WATTS -	Lost 4. DATE Month Day Year  WHITE DEATH (FEBRUARY - 25. 1960
R OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED ind of work done 10b. KIND OF BUSINESS OR INDU	B. DATE OF BIRTH  9 ACE (In years lost birthdoy)  NOVEMBER - 18 . 1844  7 yrs  STRY 11 BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY?
ven if retired)   RETIRED	HAGERSTOWN WASH. CO. IYID WISH.
var or dates of service)	NORMANT DEONARD.
r only one couse per line for (a), (b), and (c),  AUSED BY:	SACNES D. WHITE HAGERSTOWN MD. R.3

WASHINGTON	MARYLAND	MARYCAN	O S. COLINTY	INGTON
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		ide corporate timits, write RURAI	
RURAL and give nearest town)		A (1	27	0
d. NAME OF HOSPITAL (IF not in hospital, give stree	ITWO DAYS	d STREET ADDRESS	LOW KOAD.	CURAL   e. IS RESIDENCE
OR INSTITUTION		11 / 2 2 -		ON A FARM? YES NO
	SPITAL	HAGERSTON	NV WD KIR	, YES X NO L
3. NAME OF First DECEASED	Middle	Lost 4	OF Month	Day Year
(Type or print) C. LEVELAND	- WATTS -	WHITE	DEATH FEBRUAR	V- 25. 1960
S SEX 6. COLOR OR RACE 7. MAI	RIED 🕅 NEVER MARRIED 🔲	B. DATE OF BIRTH		INDER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOW	/ED DIVORCED	NOVEMBER - 18. 18	84 75 YES	Onths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done 10b	. KIND OF BUSINESS OR INDU		foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	RETIRED!	HAC GOLTANA	. WINCH Co WIN	VISAL.
1 MACHINIST 1	INET INET	14. MOTHER'S MAIDEN NAM	WASH. CO. IYID	<u> </u>
- Vi				
UHIV F. WI	FITE	VIRCINIA-	LEONARD. Address	
[Yes, no, or unknown) [If yes, give wor or dates of service)		-		
NO	214-09-67081MB	SACNES P. WHIT	E HAGERSTOWN	Y MD. RI3
1B. CAUSE OF DEATH [Enter only one couse per	ine for (a), (b), and (c)-)	, 1	/	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cirplet.	al liami	2 2he 4	46650
L4 DUE TO	. A .	. //	/ 1,	
Conditions if any, which )	Astonia 2	charter 1/	fria ?	13 4kmg =
gove rise to immediate	CATER BREVE	12 12 12 11	C-OLIVE I	
couse (a), stating the under-				,
, (-)	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMINA	DISEASE CONDITION GIVEN (	IN PART ION 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS  200 ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING 20b. DE (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BOT	THO RESIDUATION TO THE LEWING	E DIJENJE CONDINON ONCH	PERFORMED?
O ACCIDENTAL AND ADDRESS OF LOSS OF	CORRE HOW INTURY OCCURRE	D /F	t I as Bast II of Stam ID )	YES NO
200 ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING 20b. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Por	FI or Port II of Item IB.)	
	,			
	C-	ACE OF INJURY (Home, form, a ctory, street, office bldg , etc.) !	20f (City or town)	(County) (State)
Mour o.m.  Note that the second of the secon	n Not while ork Ol work		, -	
21. I certify that (I) (this haspital) atten	ded the deceased fram.	15hb 22 18/06	6.10 Jel-23	19 <u>66</u> , that (1) (we) last
saw the deceased alive an Jacks 2	19 62 and that	death accurred a SAN	from the causes and c	in the date stated above.
220 SIGNATURE		-	/	22b DATE S GNED
MININO	IN	M. D. ATTENDING MED DIRECT	CTOR PHYS.	176/60
22c PHYSICIAN'S	11	22d ADDRESS	1	-1/
NAME (Type) G. W. L.C	vary	100	TXOLTEC.	1121
23a BURIAL, CREMATION, 23b DATE THEREOF	23c_NAME OF CEMETERY C	OR CREMATORY 2	3d LOCATION (City, town, or co	ounty) (State)
BURIAL (TEB 27/1960	ROSE HILL	CEMETERY !	HAGERSTOWN W.	ASIL, Co. MD.
24 FUNERALI DIRECTOR'S STONATOLE	ADDRESS			AR'S SIGNATURE
	DOINS BORD M	D. DATE MA	R 1 '60 Cui	hur S. Frank
- Total		AUT		The state of the s

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours for death. Page 4 may be ret. by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remane carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remanal, and in any event, within 72 hours after death. DRILE XXH

VR A15 (4) 15M 9/59



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		MARYLAN	ID STATE DEPART	MENT OF HEA	LTH-BALTI	MORE, 18	. (2	4
		259	CERTIFI	CATE OF DEA	TH	R	eg. Dist. No.	13
	1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased liv	ed. If institution	Residence before admission	n)
	a. COUNTY	shington	MARYLAN	- CTATE	yla <b>d</b> d	b. COUNTY	Washington	•
	b CITY OR TOWN	(If outside corporate limits, wri		16 c. CITY OR TOWN	(If outside corporate		AL and give nearest town)	
	RURAL and give nearest town) Hagerstown		4 days	C Hagers	town			
	d NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, give str	eet address)	d. STREET ADDRE			e IS RESIL	
	Washing	ton County H	ospital	∥′ 830 Vi	rginia A	ve.	YES .	NO 📉
	3. NAME OF DECEASED (Type or print)	Bessie	Middle Ernd.e	Whittingto	4. DATE OF DEATH	Feb.		ear 9 60
	5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	0 .	9	AGE fin years IF	UNDER I YEAR IF UNDER	
	<b>f</b> emale		OWED TO DIVORCED		1878	last birthday) M	O Days Hours	Min.
	100 USUAL OCCUPAT	ION (Give kind of work done I irking life, even if retired)	06. KIND OF BUSINESS OR II	NDUSTRY 11 BIRTHPLACE (	State or foreign count	(7)	12. CITIZEN OF WHAT CO	UNTRY
	Housew		Home	Willia	msport M	d.	U.S.A	
1	13. FATHER'S NAME	0 0		14. MOTHER'S MAIL		17 -		
/		George Crow			Eugenia	Wolfe		
	(Yes, no or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	None	Mrs Dorot	hy Hola	830 499	ginia Ave.	•
				Mrs. Dorot	my mare	Hagerst	INTERVAL BET	LIPPL:
		EATH [Enter only one couse por EATH WAS CAUSED BY.	1 - 1			ONSET AND		
	331X DUE TO CENEBRAL CALLACTOR OF THE TO							
	200.10							
	gove rise to immediate							
	lying couse last		Senholiza	& artano	scleus	الأ	157	-
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
	E hypochomic microcytic anemia - Severe YES NO E							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO      20a. ACCOUNT WAS UNDERLYING   CAUSE OF DEATH  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		IRY Month, Day, Year 20	d. INJURY OCCURRED 20a	. PLACE OF INJURY (Hame	form, 20f. (City or	lown)	(County)	(State
	20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Hour a m.  p. m.  19  20e. PLACE OF INJURY (Hame, farm, 20f. [City or lawn) (Caunty) (State factory, street, office bldg., etc.)							
	21. I certify that I oftended the deceased from Sept 10, 1956, to feb 12, 1960, that I lost sow the deceased							
	ofive on Feb. 12., 1960, and that death occurred of 4.30 M, from the couses and on the date stated above							
	ACTUAL SIGNATURE School W. Diffour M.D. 217 West Washington Street 2/13/60							
į	SIGNATURE	church w	· CHINOUH	M.D. ZI ( We	st wa <u>sni</u>	ngton S	treet 2/1	3/6
-	PHYSICIAN'S EC	dward W. Dit	to 111, M. I	Hagers	town, Ma	ryland		
	220. BUR AL, CREMATI	ON. 226. DATE THEREOF	22c NAME OF CEMETER	RY OR CREMATORY	22d. LOCATION	Y (City, town, or o		)
	Burry (Specif			Cemetery		amsport		
-	23. FUNERAL DIRECTO	S SIGNATURE	A CODRESS	2 t - 1/1 24a.	REC'D BY REGISTRAL FEB 1 6 '60	24b. REGISTR	AR'S SIGNATURE	
1	(Mittel	THE C	lill mage	DAT	150.00			



VS ⊞15 (4) ISM 9/SB

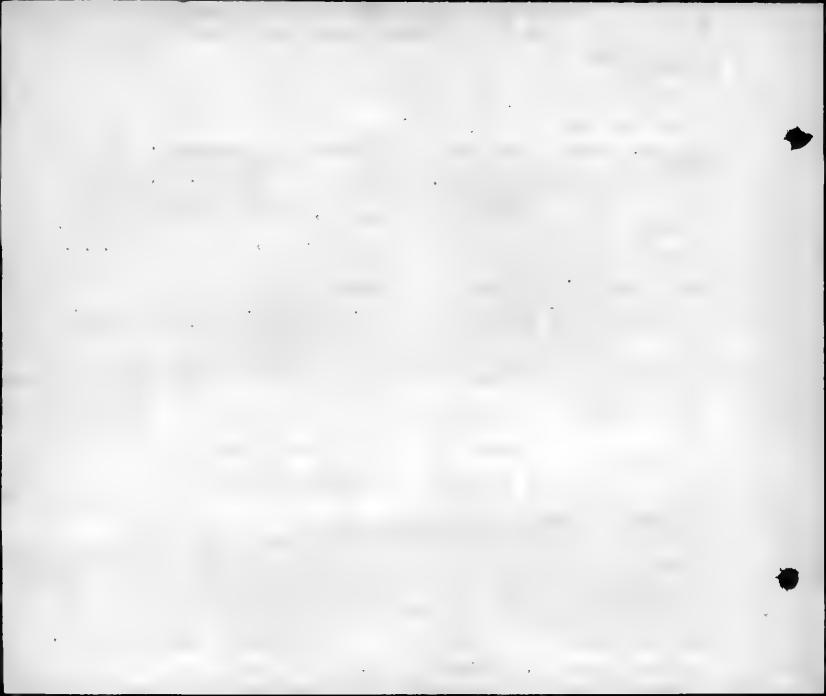
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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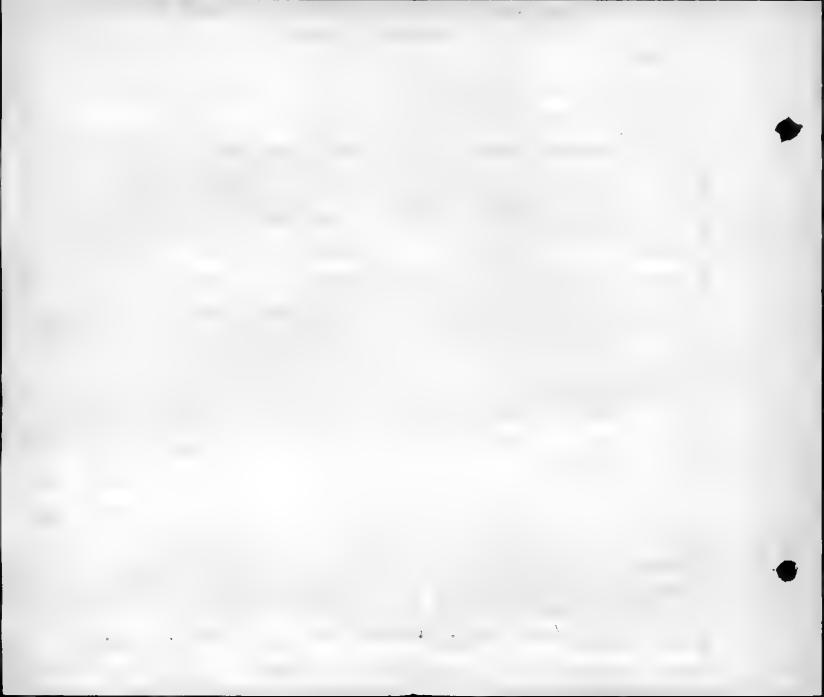
	2591		CERTI	FICA	ATE OF D	EATH	1	Re	g. Dist. No	, 305
1 PLACE OF DEATH	ington		MAR	(LAND	O STATE	pence (who	are deceased lived		Residence befo	
b. CITY OR TOWN (I RURAL and give n		ls, write	5 Yrs	IN 16	A 27	own (If o	utside corporate fin	ils, write RURA	L ond give ne	arest town)
d. NAME OF HOSPI	t <sup>TT</sup> &shing		oddress) St		/d STREET A		ashingto	on	:	e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	***TLLIA!		ARTHUR		HORTON	•	4. DATE OF DEATH	eby 17	1960	Year 19
s. sex	6. COLOR OR RACE	7 MARR	IED NEVER MARRI		8. DATE OF BIRTH		. last	birthday) M	UNDER 1 YEAR onths Days	Hours Min.
10g. USUAL OCCUPATION during most of wor	king life, even if retired	dane 10b.	Retire			ACE (Stote o	all made			F WHAT COUNTRY
13. FATHER'S NAME	W71				14. MOTHER'S					
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO		NFORMANT	ry C	Moats	Address 653 No	Liulb	erry
	m mediote (	Cor Hyr	ne for (e), (b), ond (c)	clu	sion		ern Ed.		mmed is	erval Between Set and Death ate
Chron   TER SIGNIFICANT CON  10 Mephri AS UNDERLYING II CAUSE OF DEATH MEDICAL EXAMINER	tis		rone	ephrosi	s			IN PART 1(a) 1	PERFORMED? YES NO	
ZOc TIME OF INJUS Have a.m. p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED  Not while k of work		ACE OF INJURY (I ctory, street, office			rn)	(County)	(State
	not I attended the n. 19  B. Knei	196	ond that	19 death	occurred at	West	o, 12 M, from the c ADDRESS (Street, ci Washing	auses and only or lown, stoten in the stoten	an the date e)	w the deceased e stated abave DATE SIGNED /18/60
220 BURIAL CREMAT C REMOVAL (Specify) Buri-1	2/20/60		ZZC. NAME OF CEM Rose Hil		eneters	7	23d. LOCATION (		ounty)	(State)
23. FUNERAL DIRECTOR Andrew	's signature C. Coffinal	n H	ADDRESS Br. town	d.			BY REGISTRAR 3 2 3 '60	24b. REGISTRA	R'S SIGNATU	



5M 9/55



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	2592 CERTIFICATE OF DEATH Reg. Dist. No.	2616
director,	1. PLACE OF DEATH a. COUNTY  O. STATE  O. STATE  D. COUNTY  WASHINGTON	·
9.20	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	t fown)
2 31	OK INSTITUTION	S RESIDENCE ON A FARM? ES NO V
is I and	3. NAME OF DECEMBER OF First Middle lost 4. DATE Month Doy OF STATE OF STAT	Yeor
pletety fi	lost birthdoy! Months Doys H	
do to	100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Stole or foreign country)  Maryland  12 CITIZEN OF V	VHAT COUNTRY?
cian and cian and s after d	3. FATHER'S NAME	
g physic remay 72 haur	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  (If yes, give wer or dates of service)  Address  TO THE R	HOFF.
ottendir n please	1B. CAUSE OF DEATH [Enter only one cause per link for (o), (b), and (c).]	AL BETWEEN AND DEATH
by the it. Then y evening	776 X DUE TO	/_/
is permitted in ordinated in or	gove rise to immediate couse (a), storing the under lying couse last.	
physicio os been igl-trans aval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
ending ficate h the bur ar rem	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CO	
al or all his certi use as emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. st. p. m. 19 20d. INJURY OCCURRED of work of	(Stote)
s haspit After I ched far urial, cr	21. I certify that I attended the deceased from 1/4 , 19(00), to 7/4 / 1960 that I last saw olive on 1/4 / 1/4 , 1960, and that death occurred at 10/4 / M, from the causes and on the date :	
the deta	ADDRESS (Street, city or town, state)	DATE SIGNED
retoin should stror pr	PHYSICIAN'S SINNEY NOVENSTEIN	
moy be	20. BURIAL, CREMATION, REMOVAL [Specify] Cremation 2/16/60 Wash. Co. H. spital Lab. Hagerstown, Md.	(State)
VS A15 (4)	D. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	
19M 9733	The state of the s	



e. IS RESIDENCE

12. CITIZEN OF WHAT COUNTRYS

INTERVAL BETWEEN ONSET AND DEATH

YES NO 1-

(Stote)

Marvland

(Stote)

U.S.A.

(County)

ON A FARM?

YES NO X

Year

1960

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Washington Washington Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest fawn)
Hagerstown Hagerstown 11 days d. NAME OF HOSPITAL (If not in hospital, give street address) # d. STREET ADDRESS OR INSTITUTION 130 Fairground Ave Garlock Convalescent Home Middle 4. DATE Month DECEASED ELMER CALVIN WILL TAMS DEATH February [Type or print] IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Months male white DIVORCED | December 30, 1883 76 WIDOWEDX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Gas Station operator own business near Wolfsville. Md. carban 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacob Williams Elizabeth Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT Address Mrs. Elizabeth Hurd ne Hagerstown, Maryland CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which ſЫ gove rise to immediate bed **DUE TO** couse (o), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 200. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, street, office bldg., etc.) While Not while at work 21. I certify that I attended the deceased fram 1962 that I last saw the deceased and that death accurred at 4-10 M, fram the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION, 22b DATE THEREOF 22d. LOCATION (City, town, or county) 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Buria Rose Hill Cemetery Hagerstown. 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR -- Lun S. FiraMA FEB 2 3 '60 A. - santilu Hagerstown, Maryland DATE

70 ě shavid 2 . = filled campletely papers. gug

physician

attending

physician peen

has

certificate

FUNERAL DIRECTOR: 3 shauld page 01 VS A15 (4) 15M 9/58



Mt. Bethel M.E. Cem.

Thurmont, Marylan d

ADDRESS

22d. LOCATION (City, town, or county)

Garfield

24a, REC'D BY REGISTRAR

(Stote)

Co. Md.

 $\mathtt{Fred}_{lack}$ 

24b. REGISTRAR'S SIGNATURE

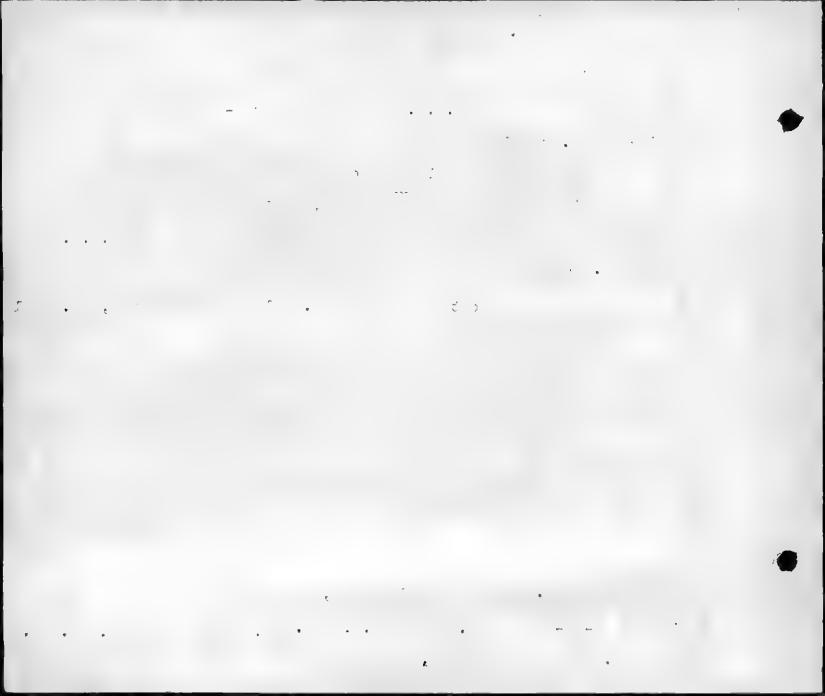
Bur 19

Raymond

23. FUNERAL DIRECTOR'S SIGNATURE

2-12-50

Creager



22c. NAME OF CEMETERY OR CREMATORY

Cenetery

Haven

**ADDRESS** 

22d LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

C. Thur S. Frank

Hazers town

240. REC'D BY REGISTRAR

FEB 2 4 '60

(Stote)

that the death certificate ottending FUNERAL DIRECTOR: 3 should page 2

VS A1S (4) 1SM 9/SB

PHYSICIAN'S NAME (Type)

220. BUR AL, CREMATION,

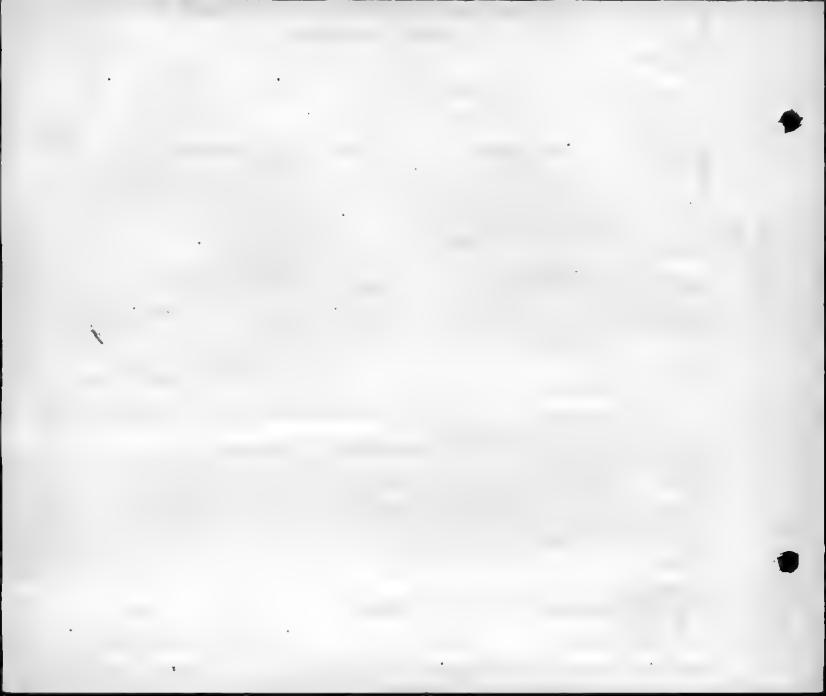
REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Andrew K. Coffman Hagerstown : d





02621

2507		Keg. Dist. No.						
1. PLACE OF DEATH b. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission. STATE  Narylana   Waylana   Frederick	1					
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Williamsport	3 Yrs	Hold 1stown Frederick /0/	1.2					
d. NAME OF HOSPITAL (If not in hospitol, give stre OR INSTITUTION Honewood Church Home		d. STREET ADDRESS 613 Charles Street c. 15 RESS ON A	FARM?					
3. NAME OF First	Middle	tast 4. DATE Month Day Y	lear .					
(Type or print) GEORGE	Z ZEI	OF THE PROPERTY OF THE PROPERT	9					
	RRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER						
Male White WIDO	WED TO DIVORCED	Feby 23 1866   dast birthdoy)   Months Doys Hours	Min.					
10o. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	OUNTRY					
Tailor	Retired	Frederick Fred Con Md. USA						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
John Henry Zeis	ler	Rosanna Harrison						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO.	INFORMANT Address						
No	None H	omewood Church Home Records						
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]	Rey Mark Wagner Williamsportinterval SET AND	WEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardiovascula		ute					
4221 DUE TO		.35						
Conditions, if ony, which (b)	Arteriosclero	sis General year	S					
gave rise to immediate couse (o), stating the under-								
lying couse lost. (c)								
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH USE OF DEATH	S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFOR						
	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II of item 18.)						
Hour o.m. Whi	£_	ACE OF INJURY (Home, form, 20f. (City or town) (County) ctory, street, office bldg., etc.)	(State					
21. I certify that I attended the dece	ased fram 1959	19 , to 2 - 11-6919 , that I last saw the de	ecease					
alive an 2-10-60 19	0.70 (0							
72101	ADDRESS (Street, city or town, stote)  DATE SIGNE							
ACTUAL SIGNATURE M.D. 119 E. Antietam St. 2-								
PHYSICIAN'S NAME (Type) LONIS C/ C	raff. M.D.	H.agerstown, Md.						
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote	j					
Bring 1 2/13/60	Mt Olivet C	enetery Frederick Fred Co ld.						
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE						
Andrew K. Coffman Ha	gerstown Md	DATECER 1 7 '60 Orthun S. Krama						

DATE FEB 1 7 '60

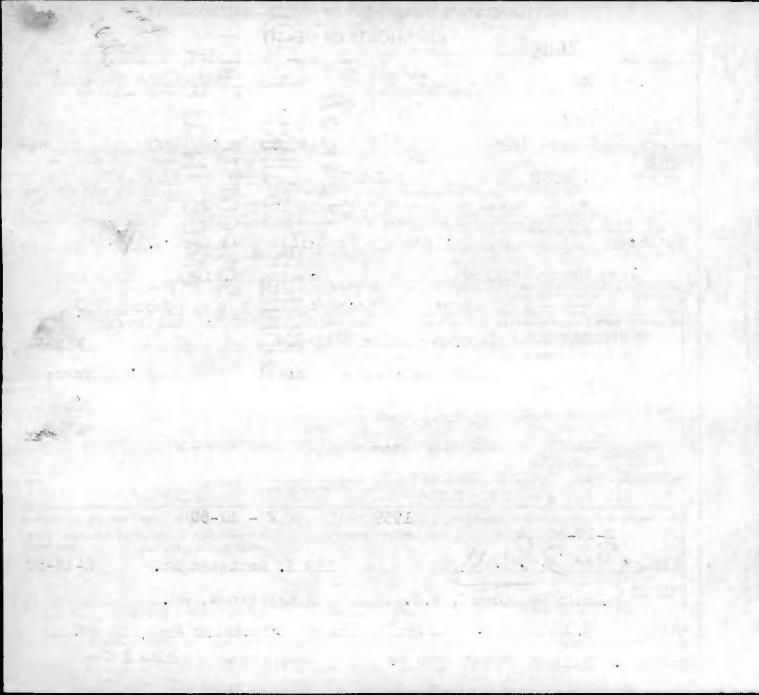
Hagerstown Md

leath. Page 4 may be retained. The hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death.

JENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of TO HOSPITAL OF VS A1S (4) 1SM 9/SB

Andrew K. Coffmen



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Rederick D. COUNTY Pa Washington MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) days ploods rural Hagerstown Thurmont d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Washington County Hoxpital YES TO NO DE pup 2 NAME OF Middle 4. DATE Lost Month Day Year filled DECEASED OF DEATH George Christian zinkhan (Type or print) Feb. 29 60 19 S. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH last birthday) Months Dec. 3, 1881 Male White WIDOWED [7] DIVORCED T paper 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) Volume 11 birthplace (Stote or foreign country) Volume 12 birthplace (Stote or foreign country) Volume 12 birthplace (Stote or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? employed U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zinkhan Shriver Henry Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Wo. 12-38-9482 Mrs. Anna Zinkhan Thurmont, Md. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) minute DUE TO Conditions, if ony, which ) gove rise to immediate DUE TO couse (a), stating the underlying cause last. buriol-tronsit PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TI NO IZ 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. Fl. While Not while at work at work 21. I certify that I attended the deceased from Feb 1960 that I last saw the deceased , and that death accurred at 600 5 AM, from the causes and an the date stated above.

prior should 0 FUNER poge the re may 0

22a. BURIAL, CREMATION, 22b. DATE THEREOF

ACTUAL

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery 22d. LOCATION (City, town, or county). Thurmont. Maryland

ADDRESS (Street, city or town, stote)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thurmont. Raymond Creager

24n, REC'D BY REGISTRAR DAMEAR 3

24b. REGISTRAR'S SIGNATURE winner & France

(Stote)

VS A15 (4) 15M 9/SS

310	ENT OF HEALTH - ONLYMOR	MYRAHIO STATE ON	APTEAM -
		CERTIFIC	
		MANUAL PROPERTY.	
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at Fall			
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	gnutente veek		Honry Einkhan
Thereton, Md. an	des. tona Atalian	626-18-6786	0.
	mon es 12 Trestanto		
		· (Unamient)	wondend . I foodil
J.			